

Interview with Frederick M. Burkle, Jr., Captain, Medical Corps, USNR (Ret.). Conducted by Jan K. Herman, April 18-20, 2014, and May 5-8, 2017, Kailua, Hawaii.

Childhood and Family Background: 1940s and 1950s

Q: I would like to start by having you give your full name.

A: Frederick Martin Burkle, Jr., but I go by “Skip.” I have gone by Skip since I was an infant. I was born about 18 months before Pearl Harbor and second of three children.

Q: When were you born?

A: April 29, 1940. I grew up in a typical lower middle class New England family outside New Haven, Connecticut. I lived in a small town, Hamden, with apple orchards. Now, of course, it’s all built up, an extension of New Haven.

Q: Is Hamden on the Connecticut River?

A: No. Hamden is inland from the coast and west of the Connecticut River. Most of the older generation in Hamden had roots in Europe. I have a long German name. It’s actually Frederick Martin von Burkle, Jr. The prefix “von” was used, as in “von Burkle,” in an earlier generation in Bavaria. I am also half French on my mother’s side with the surnames “Monfils” and “Borel,” plus a quarter Irish--with the surname “Limerick”--and a quarter German with the surname “Burkle.” You were pretty much labeled by your surname. My mother was French and Irish and my father was German and French. My paternal grandmother was born in Montreal and my grandfather, whom I really didn’t know, was a toy inventor and a display designer. My father was an inventor also. My father did some of the work on the original “walkie-talkie” popular in World War II and built one himself. He was a ham radio operator, very technically bright, but too often a cold Teutonic German.

Q: What were your parents’ names?

A: My father’s name was Frederick M. Burkle. My mother’s name was Mary Frances Borel.

Q: How about your siblings?

A: My older sister’s name is Joan. My brother, who is deceased, was Richard.

My family background had never been raised in any conversation. You began to learn whether you were first-, second-, or third-generation of an ancestor who settled in New England. Many of my classmates were connected with World War II refugees. My ethnic background was a revelation to me.

But in leaping forward to 2017, I was given the Ancestry.com¹ as a Christmas gift from colleagues at Harvard. I then sent a saliva sample for DNA testing. I was glad I was sitting down when the results came across the computer screen. Despite the clearly German last name, I am

¹ An internet company that states: “Uncover your ethnic mix, discover distant relatives, and find new details about your unique family history with a simple DNA test.”

not German at all. Hundreds of years ago my genes originated primarily in Great Britain and Ireland but also with some from Spain, Greece, Italy, and even West Asia! The last century of my DNA history confirms that I am all French from the St. Lawrence River Valley. From that region, my ancestors eventually headed south to New England. They moved because their land was no longer fertile, but they also wanted to fight for the colonials against the British who had invaded French Canada. During the Civil War, 11 soldiers with the last name “Burkle” fought for the Union and two for the Confederacy.

My father was an amateur photographer so he took multiple family photos. But during those first five years of my life--the World War II years, the only formal photographs of me would have been taken at Shartenberg’s Department Store in New Haven. My mother would dress me in either an Army or Navy uniform for the annual Christmas photo sessions.

As a psychiatrist, I’m very aware that the influences in the first five years of life have much to do with the direction you’re going, consciously or unconsciously. During that early period in my life, everything was about the war. I remember rationing. I remember collecting military insignias and hanging maps on the wall to follow the war’s progress. I remember making a fuselage of a bomber out of back porch summer furniture. Everything was military. We went from the end of World War II to the beginning of the Korean War in just five years. Few remember that U.S. involvement in Vietnam began as early as 1955 with regular troop deployments in 1965.

I started grammar school in the mid-1940s. I grew up on a dead-end street. It was not a busy street. My mother would tell my older sister, “Take care of Skippy.” So I had to tag along with my sister and her friends who were all older than I was. I would have to hang around and I hated every minute. I wanted to go somewhere and explore. I had a lot of curiosity and imagination.

My father never allowed me to go across the street. I was restricted to sitting on the grassy curb. Every year the town would re-tar the street, and I would pass my dull day puncturing holes in the tar when it bubbled up on a hot day. My physical world was dictated by many strict and seemingly ridiculous physical boundaries.

In late 1944 or early 1945, I was playing on my side of the dead-end street. My sister was close by. Suddenly we heard the roar of engines overhead. The sky was filled with bombers. They were coming back from Europe and flying in the direction of Long Island.

Everyone came out of their homes to look up at the hundreds of planes. The best place to view them was in the middle of the street. I followed my sister out into the street. The street was flatter with fewer overhanging trees so everyone gravitated to the clearest spot to get a better view. I was left behind so I went across to the other side of the street and stopped in front of a home that looked bigger and bigger as I approached it.

After all those years, I was now on the forbidden side of the street. I looked back across the street to see this opposite view of my house for the first time. I realized this was a new frontier. I was impressed with the planes, but I was more stunned with this new milestone. I never told anyone. In the future I would slip away from my sister at every opportunity to explore my new surroundings.

Q: Your world had just expanded.

A: My world had expanded and changed dramatically. The war created so many changes for every family during the first half of the 1940s. As I got older, I collected old menus from the most elite cruise lines between Europe and the United States. The menus from that time in the 1930s were dominated by Nazi Germany, and several of them were embossed with the swastika.

I started grammar school in the mid-1940s. I entered kindergarten, but the first grade had an opening. In my early childhood I drew a lot, primarily sketching horses. I loved cowboys and Indians, and pleaded for a horse or pony every Christmas. I wanted to move to Arizona-- wherever that was. The one test to get into first grade was to draw a horse. All the other kids drew stick figures. I drew a horse galloping with a flowing mane. The administrators were so impressed that I went right into the first grade. I was already young to begin with, but there I was, the youngest kid in the first grade. And I did absolutely terrible. It took a long time to diagnose that I had a learning problem. I had a severe reading and math disability.

My older sister Joan was the valedictorian of her graduating class of Hamden High School. My father took great pride in my sister's high school honors. But I obviously disappointed him. So even though I was the first male and I was named after him, I failed him. I was a disappointment in his eyes.

I went to a Yale University specialist who conducted a battery of academic tests. I heard him telling my parents I was a bright boy but that I was "lazy." So I was pretty much written off by my father at that time and often heard my parents arguing about my laziness, blaming it all on my mother who was a teacher. I did not start reading until the fifth grade. I kept all my report cards from grammar school. I was a dreamer--just as the specialist described. But dyslexia, as we call it today, wasn't a condition that was known, tested for, or accepted by educators.

As a child, I liked to look at *Life* and *Look* magazines. I would sit for hours looking at pictures, especially photos of black Africans and could only guess at the story that was attached. At first I thought they were Indians. But these photos showed starving children with big stomachs. I would tug at my mother's dress and beg, "Explain this to me." I had a good memory and good retention, but I had absolutely horrible grades and was certainly an academic failure. So I became more of an isolated individual. I was fun-loving and I rarely took school seriously.

I really didn't know my father. He seldom said a word to me unless to bark an order. I actually grew up despising him. Our mother would warn us when it was time he would arrive home. We all went our separate ways and the home was silent. I didn't realize until many years later that he had been accepted and had gone to West Point before he married my mother.

Q: Did he graduate from West Point?

A: No. He lasted only a year--or less. That was a family secret. I never found out about it until my 20s that he lasted less than a year and also that he left on his own accord. But he was brilliant in math and science and scientific inventions.

My mother was among the very first female graduate students at Yale in the early 1930s. At that time, Yale offered women graduate degrees only in education and nursing. She received her master's degree in education. Two years later she married my father. She then discovered that because she was married, she was not allowed to teach grade school. So she never taught until the war years, and I was in her first class.

When she gave the roll call that first day and called out the name "Frederick," I had no idea she was calling me as I always went by "Skip." Schooling confused me. I didn't like it. I liked my own world. I would thumb through books all the time. By making pictures and drawings, I made up what the stories were about.

I got into one fight in grammar school. An older boy called me a "kraut" and pushed me to the ground. I had no idea what that meant but it was something insulting so I struck back. We both went to the principal's office and I went home with a note to my parents. I explained to them that the older boy called me a "kraut." They seemed nervous, were silent, and then said that we would never talk of this again. It was many years before I found out what that word meant.

In grade and junior high we traveled by school bus to a newly built school in North Haven. The long route took us down a small stretch of road where itinerant families lived in shacks. I purposely sat next to a black boy who was taller but in my class. It took a long time to learn to trust and talk of our lives. I hung around with him in school hallways and recognized that some students were uncomfortable around him but I said nothing. My mother was planning a birthday party for me one April and I insisted that she invite him but her answer was always "no." I pouted and told her I had already invited him. He was my only friend but the denial was more emphatic. A few weeks later he was not at the usual stop that was adjacent to wooden shack homes. All the shacks were gone and I never saw him again. Early experiences in racism are never understood by a child.

A Catholic high school for boys, Notre Dame, was located about an hour away in West Haven. Several of my friends went to this school. Again, I was a follower. I was a "yes" man, very shy. But I also knew I was always a year younger than my classmates. Everybody wanted to apply to this school. I talked my mother into letting me apply. My father said no. But without him knowing, my mother arranged for me to take the tests on another day when my father was away. Surprisingly, I was accepted.

My parents argued openly about whether or not I should go to Notre Dame because the annual tuition was \$400. My mother was the one who pushed it. She didn't always get her way, in fact, very rarely, but she at least backed me up for attending this Catholic school. My first A+ was in history. I got some A's but I also got many Cs and one D. I really didn't understand the good aspects of education. But I loved history and I loved science--but on my own terms. I learned more from listening rather than reading. I taught myself how to read so I read differently than everybody else.

When I was a kid, my parents took me to the psychologist at Yale because I couldn't read. I had actually taken a notebook and written my own language so they took the notebook with them. I think my mother knew there was something wrong that she could not explain. So I had some

sparks of intelligence, but not anything my father, in a concrete way, could understand. I certainly knew that I was a disappointment to him.

In high school, I recognized that my classmates came from different ethnic backgrounds: Polish, Italian, German, and French, among many other ethnic origins. Being in this new kind of environment was the first time I even knew that my last name was German.

I found those years fascinating. I loved globes and I loved maps. I later read about Dr. Tom Dooley who wrote several good books.² He was a Navy physician in Indochina. He was my hero. But when I was a teen-ager in the 1950s, I never talked to anybody about Tom Dooley or any other hero during those Indochina war years in the 1950s. These humanitarians were all my heroes for doing altruistic deeds. And so I had an inkling that I wanted to be a doctor. But I also had enough sense not to say anything to anybody at the time because they would have laughed. They all thought I would be the last person who would ever be a physician.

I did all right at Notre Dame High School in the 1950s. It was very tough. But I was never very religious. I always questioned certain religious beliefs. When I was much younger, in order to be confirmed, I had to answer many questions. I had to memorize 100 questions and their answers. My mother had to take me to extra sessions right up to the day before confirmation. The visiting Catholic bishop would ask the soon-to-be-confirmed children the many questions. I stood in a spot where he would never see me. I questioned abstract concepts such as the “Trinity.” I was in the frame of mind to say, “Tell me, show me, and prove it.” I was a pain in the neck to my teachers and the nuns.

My older sister was very bright. She got full scholarships to Vassar and Smith, but my father wouldn’t let her attend either of these two prestigious colleges. She had to stay at home! So she went to a small junior college close by and eventually received a teaching certificate. I realized that that same situation would happen to me. My father didn’t see me as college material, and steadfastly refused any talk of me going to college.

I worked in a small local grocery store. I told the owner I was 16 but was still 15 by many months. I then worked most afternoons and weekends in a food store named “Grand Union.” But my first job in a medical environment was as an orderly at Saint Raphael’s Hospital [part of Yale New Haven hospital campus] in New Haven.

Q: How old were you then?

A: I was 17. I was an orderly in my senior year at Notre Dame High School. Each summer, I took a new job at Saint Raphael’s, first as the autopsy room tech. I also drew blood from patients for the laboratory, and finally worked in the hospital blood bank. But now, at least, I was in the medical scene. It was an amazing world for me. It’s close to what I saw in *Life* and *Look*

² Thomas A. Dooley (1927-1961), a former Navy hospital corpsman and physician, is noted for his humanitarian service in Southeast Asia. Three of his books chronicling his work include: *Deliver Us from Evil* (1956) *The Edge of Tomorrow* (1958), and *The Night They Burned the Mountain* (1960).

magazines. I kept imagining what it would be like to be a doctor, which was increasingly my secret dream.

In my early teens, I was a total wallflower. I didn't date. I wouldn't know what to do with girls. And that's when I met Phyllis Dinnean, my future wife. I didn't talk much. I was afraid I might stutter, an on-again, off-again affliction I had as a young child. I met her just by chance. Somehow I found the guts to call her. She was 13, I was 14. We have been married now for 57 years. She was very shy. I was shy. We were made for each other.

Her family was wonderful. For the first time, I saw what a family could be like. I loved studying the conversations and actions of her parents and her older brother. So I stayed down at her home as much as I could. If it wasn't for her family, I'm not sure what would have happened to my life.

St. Michael's College: 1957-1961

Brother Stanley was in charge of student affairs at Notre Dame when I was told by my father that I couldn't apply for college. I met two doctors at Saint Raphael's who had gone to St. Michael's College in Colchester, Vermont. St. Michael's was a very strict French Catholic college where European-style academics were still cherished. These two physicians were World War II vets, and after the war, they went to college and medical school on the GI Bill. They were great doctors. They were my heroes. They didn't know my academic record but said, "Oh, St. Michael's is hard, terribly hard." Of course, I told them I could do it!

I told the high school about my father's resistance and his refrain, "You're not going to college." I told Brother Stanley, "Look, I want to apply, but I don't have the money to apply." I was working at a grocery store on weekends and nights. I pleaded with Brother Stanley for a \$25 loan to apply, saying, "I can pay you back." He gave me a check for \$25 the next day and wrote an encouraging letter of recommendation.

I applied to St. Michael's and got in. Then I had to tell my father. He went ballistic and adamantly said, "You're not going!" He refused to speak to me for weeks and again blamed my mother who knew nothing of my application! So it was Phyllis's parents who actually took me up to St. Michael's in Colchester for a visit. I told one of the admissions officers, "I want to be a biology major, pre-med." I was a solid B student. But he said, "Well, not in our program. With hard work you'll probably be able to qualify as a high school biology teacher. Our pre-med tract is a very, very hard program."

I didn't tell Phyllis's parents about the admissions officer's comment for fear of disappointing them after this long trip north. But over the ensuing four years I received some scholarships. Once I was away from my family, I broke every academic record for me at St. Michael's. I joined every academic club to learn social skills, and in my junior year, I formed the Pre-Medical Honor Society. I loved that college

We also had to take courses for four years in the humanities: literature, history, philosophy, comparative religion, art, music, along with all the biochemistry courses. It was impossible. I

didn't read that well because of my learning disability. But isolated Vermont was the best place for someone with my limitations. I studied so hard. I was proud of my grades, and these marks reflected the fact that it was the first time I did all this studying for myself. I started believing that maybe I could actually become a doctor, and that positive attitude changed my life.

University of Vermont Medical School: 1960-1965

I was going to pay for the medical school tuition with a Navy scholarship--if I got in, of course. I applied to an early acceptance program at the University of Vermont Medical School. I got in. It was an experimental program that combined the last year of college with the first year of medical school over two years. I was the only one who got accepted into that program from my college. I applied for the Navy scholarship, but I didn't get it because I had a history of asthma. So I had to obtain multiple expensive loans to stay in the program at the University of Vermont Med School. It was not an easy program.

Q: Which Navy program did you want to get into?

A: The Navy would pay for your medical school education. During medical school you were commissioned as an officer, and you would go into the Navy residency programs after graduation. I went to medical school in 1960. The Vietnam War, as we know it, hadn't officially started. The Navy program was considered to be a good curriculum. I started medical school when I was 19. During that first year of med school, Phyllis and I got married. We were married on December 26, 1960. Back then, we were much more independent. You went either into the military, got a job, or went to college. The Navy program was considered to be a good way to pay for medical school. My father always made any assistance a chore, accusing me of being ungrateful. I once again received a scholarship through the company where Phyllis's mother worked. But I ended up with loans I never thought I would ever pay off. I struggled all the way through medical school.

Yale New Haven Hospital: 1965-1968

I did well enough in medical school so that I got into Yale New Haven Hospital for my internship and residency--a very big deal. I was told that the interviews would be terrible and the interviewers would insult you. And Yale had never taken an intern who was married. You made \$1,100 for the entire year. You did 72-hour shifts with eight hours off.

I already had two young children, Christopher and Jennifer, at this point. Yale even wanted to interview Phyllis. My interviews for pediatrics went well. I wanted to specialize in pediatric surgery. I particularly wanted to do cleft lip plastic surgery on children in other countries.

I had three interviews that seemed to go well. Phyllis was included in the last interview, which included the three faculty members who had separately interviewed me. They all sat behind one table in a long narrow utility room. There was just one light. It was a very odd room for an interview. Phyllis, who was quite nervous, had to sit in a chair about eight feet away. I sat in the very back and was told not to say anything. One of the Yale faculty members told Phyllis, "We're interested in your husband. But you need to know that if we accept him, he won't be married to you. He will be married to Yale." And he waited for her response. Phyllis and I had

never rehearsed any answers to probable questions, but she's very insightful. She said she understood. But that didn't mean she agreed--but she understood. She thought it could all be worked out.

And so I got into Yale New Haven Hospital. I also got the award at graduation for the greatest proficiency in clinical medicine. I had gone from being an orderly, and then working in the autopsy room, to drawing blood and doing lab tests. I did everything. I had all those skills. Now I was at Yale New Haven Hospital as an intern. I loved coming into the hospital and inhaling all its smells and the frenetic nature of the work. I was happy. Diseases fascinated me and Tom Dooley remained my hero.

We lived in a questionable area of New Haven. It was the only rent I could afford. When I was away for long periods of shift time, I worried about my family's security. But I thought if I can get through these next three years, then I can get a decent job and start paying back the mounting bills.

Phyllis had a routine. When she knew I was coming home, she and the kids went their own way. I'd sit on the couch and she'd get the meal. But by the time she prepared it, I was already asleep. We didn't have much of a married life. Phyllis doesn't complain. She is a wonderful person. But it was not easy for her. We saw many divorces at Yale. During that time, Yale had the highest suicide rate among residents and interns in the country.

I remember an incident from my residency. The various "cultures" in New Haven were quite separate. We never engaged with the black population, and no black students were enrolled in my high school, college, or medical school. Only 3 percent of the population back then in Connecticut was black. I never saw a black patient at the hospital. Then I went to Yale as an intern and resident, and, of course, a big part of the population was black. But personal dealings--other than a patient-physician one--never occurred. None of the residents in training were black. The white and black cultures never mixed. Increasing tension was going on in the 1960s with urban riots.

I was getting ready to go to Vietnam in 1968 when two political leaders were assassinated: Dr. Martin Luther King, Jr. [April 4] and Senator Robert Kennedy [June 6]. I thought our country was in a worse condition than Vietnam. Yet during our training, we had only one goal in mind: learning to be a physician. We had little time to read the newspapers or listen to the news. My education and residency in a big medical center were overwhelming. But I was certainly aware of the rising racial tensions.

During my first year of residency at Yale, I was called over to Grace New Haven Hospital in the middle of the night. I saw an unregistered black female, meaning she had no prenatal care. She was now in labor. It was a breech delivery so the OB on duty wanted to have a pediatrician present in case any problems might arise with the delivery. These kinds of deliveries can sometimes go bad. The head can get hung up and then the baby might have to be resuscitated.

It was 2 a.m. and the baby delivered without any problems, weighing 4 pounds, 11 ounces. However, the baby just gasped and failed to take a deep breath. Then the OB handed the baby

over to me. The cardiac rate was getting slower and did not improve with “bagging” the infant with oxygen. We had short soft rubber intubation tubes for infants that went from the mouth to the trachea. The tip protruded about an inch from the mouth, and the physician placed that tip into his own mouth to breathe for the infant. Essentially, I was doing mouth-to-mouth resuscitation.

It’s not easy intubating an infant because the anatomy is very small, and the soft tubes easily bend with any resistance. The tube can easily go into the esophagus as there is no resistance to entry. It went down the esophagus on the first try, but finally I was able to get the tube into the upper trachea. I placed my mouth on the outside tip of the short tube and breathed for the baby. But I felt immediate resistance and the pulse rate only increased by a small amount. I retried the intubation but with each successful intubation, the resistance occurred once again. It seemed I was only able to get air into the upper lungs. I couldn’t do anything for the rest of the lungs.

I told the staff to call my resident. She came over and we tried everything. We went on for about 50 minutes to keep this baby alive. We were just getting enough oxygen to keep the pulse up to about 50 per minute--too low to keep the baby alive. The normal pulse of an infant is about 120 to 140. Eventually the heart rate failed and we declared the infant deceased.

By that time, the mother was back in her room. We performed all these procedures in the delivery room, trying to keep her baby alive. We always consider many reasons why infants might have respiratory failure. I went down to the room to inform the mother that her baby had died. I told her that we would need to do an autopsy to find out the cause.

The mother was lying in the bed, but with her was a nattily dressed black man in a suit and tie standing against a far wall. He was the father. I introduced myself. I said, “Your baby just couldn’t breathe. I’m sorry. We tried to do everything to save the baby. We will learn much more with an autopsy.” From across the room, he charged over to me pushed me up against the wall, grabbed my scrubs, and lifted me off the floor. He then smashed my head against the wall. His eyes looked directly into my eyes. We had just had the racial unrest in New Haven so tension filled the air.

He shouted, “I want to know why my baby died!” I gently pushed him a foot or so away and yelled, “You back off! We’ll get the autopsy. It’s the only way we can find out.” He had no problem signing the autopsy permit along with his wife. This mother had no prenatal care through the community or hospital so we had no known medical history, and they contributed nothing more when I asked. I did the sad paperwork on Baby Boy “M”: 4 pounds, 11 ounces. Just another day at the Medical Center

About once a month, we’d have a “black book conference.” We would go down into the dungeons to the pathology department. We had to go over the pathology findings of children who had died. Usually a pathology resident was on duty, but two faculty members were also present. All of us residents were just standing around when one of the faculty members asked, “Who had Baby Boy “M”? I responded, “He was my patient.” I began to look through my notebook for whatever history I had on Baby Boy “M” to brief these faculty members.

Unfortunately, I had no detailed history of the attempted resuscitation. The pathologists thought it was a stillbirth. So reading from my notes, I said, “This baby had presented without spontaneous breathing, attempted resuscitation and worked on him for 50 minutes without success.” The faculty members looked at each other when I described the attempts at “tubing” the infant. I could tell that they were getting concerned for some reason unknown to me.

We were then told that the baby had died from syphilitic pneumonia--the first case in New Haven in 35 years. Pathology even got spirochetes from the mouth itself. Then one senior resident told me, “Skip, you’ve been contaminated. We will have to treat you.” So I was taken to the ER and given large doses of penicillin antibiotics. I had to make a dreaded call to Phyllis. She and the kids were also treated with penicillin shots.

That evening, still on call, I started getting chills and fever. I had to do an exchange transfusion on a newborn infant that evening. I was in the hospital nursery and wearing a gown and mask in a crowded corner that was warm and stuffy. The exchange transfusion took hours. I was halfway through this lengthy process when I began to shake with chills and fever. I asked the nurses to call my resident. She came over and I asked her to take over. I simply said, “I can’t do it. I’m really sick.” I went to the ER where I had a 105-degree temperature with a tender palpable spleen.

The penicillin kills the spirochetes. The spirochete releases endotoxins in large numbers when they die. It’s the endotoxin in the bloodstream that causes a Herxheimer [detoxification] reaction. I was having chills and fever spikes just like having severe malaria.

Q: You had acquired it?

A: Yes.

Q: From the baby.

A: Yes, because it was mouth to mouth. So they wanted to admit me. I said, “No way.” I didn’t want to get admitted. “No, I’ll go home. It should clear in a few hours.”

Phyllis picked me up that night. She stayed up the entire time. I woke up the next morning exhausted, but I had totally sweated out and soaked the bed. I was now fine. I never tested positive for syphilis as I got the treatment early enough. Phyllis and the kids were fine.

Doing grand rounds was a big deal, which we always had to go. I had done my grand rounds. Now, all of a sudden, I’m told I am going to have to do a second grand rounds along with OB and internal medicine but in a different place. The internal medicine faculty members were famous, and often drilled you silly with your case presentation.

It was attended by all the interns and residents stuffed into this amphitheater with all the faculty members sitting in the front row. It was a sea of white coats. I gave my version of trying to keep Baby Boy “M” alive. When I finished my talk, the interns and residents all stood up and gave me a standing ovation. Of course, the faculty members were pissed with this display!

The public health and social services personnel in the city couldn't find the mother and father of Baby Boy "M." But they learned why the father was in the suit. He had been in prison in Hartford and had what's called a VDRL test [screening for syphilis]. His test came out positive. So he was successfully treated for syphilis. But the prison never asked him if he was married or who he had sexual relations with so his wife went through the entire pregnancy. Because she was delivering, they let him out of jail a little bit early. And that's why he showed up at the hospital in a suit. He had left the prison in that garb. The social workers took a long time, but finally found the couple and treated them. Fortunately, I saw no other cases.

The Yale pediatric surgery residency program required that residents do pediatrics first. Yale didn't have critical care units so the pediatric surgeons had to care for every stage of the patient's pre-op and post-op. The surgery program at Yale was so much in demand that we had to do at least two years of pediatrics before we got into the surgery program. I ended up doing three years because the Berry Plan³ allowed me to continue before I had to report for active duty. So I became Board Eligible.

Vietnam War: 1968-1969: Delta Med, 3rd Marine Division

I remember getting the draft notice. I had to report on a Monday morning. I was on duty at the hospital the entire weekend and got no sleep. But at least I got permission to leave the hospital to go down to the draft office. This was the fall of 1965. When I got to the draft office, I saw a line wrapped around the block--a lot of local guys were in that line. I saw long-haired dudes and stylish "ducktail" haircuts, and I showed up in white hospital garb--white shoes, white socks, white shirt and white coat. Each year of training at Yale had a different variation of the garb, including hospital attire. I went into the exam room at the draft center and saw only one free wall hook. We were each given a little ditty bag to hold our valuables and then had to stand in line again.

Nobody knew who you were, but I could hear a voice ahead of me saying, "Face the wall, bend over, and spread your cheeks." The guy next to me said, "No, I won't spread these cheeks." I knew what the inspection was going to involve. It was conveyor-belt comical.

A doctor put a stethoscope on my chest, but he wasn't on my chest long enough to hear anything but maybe systole. And then came the lab tests. After that, we went into a big room the size of a basketball court. Hundreds of guys had been sitting around for hours because only one physician was doing the screening to tell each of us "yay" or "nay" at the end of this process. I couldn't even stay awake after losing so much sleep during the weekend. Every time a possible draftee walked into this large waiting area, everyone would look up to see how shocked he was by the

³ Named for Frank Berry, Assistant Secretary of Defense (Health Affairs [1954-1961]). The plan, designed to acquire physicians for the military services, provided three ways for physicians to enter the service after completing their internship: 1) They could enter the armed services immediately and return to their residencies after fulfilling their obligated service; 2) They could enter the armed services two years after medical school and complete their residencies after service; or 3) They could enter the service after the completion of residency training. The Berry Plan deferred physicians who were taking their residency.

long line. And I stood out alone with my all-white underwear, shoes, and socks. I received my share of catcalls and whistles.

I waited for what seemed an interminable time. Finally, I got called into the physician's office exam room. I had the letter from the Navy rejecting me from the Navy program because of asthma. I thought this exam was going to be a waste of time.

I handed the physician the letter. He seemed beleaguered, tired, and angry. I assumed he would then stamp my forms "rejected" and I could leave. He just looked at it. He sat back and said, "You know, we have a physician doing draft physicals in Kansas City. He had hydrocephalus when he was a kid and he has an AV shunt in his head."⁴ He then added, "He's doing physicals." That was all. He then stamped the form "1-A." So having asthma and being rejected from the Navy scholarship program didn't matter!

I returned to the apartment and told Phyllis pointblank, "I just got drafted." So I tried to get into the Berry Plan in order to at least finish my residency. I was accepted but knew then that on July 1, 1968, I was going into the military. Everybody was trying to get into the CDC--the Centers for Disease Control or NIH--the National Institutes of Health, but those positions were all filled up. That's how physicians could get out of going to Vietnam. At that time, the draftees were going to the front lines. They were not getting stationed in Danang, or in Saigon, or on hospital ships. The field slots were all for active duty drafted men. When I received my orders in 1968, the stated assignment was the 3rd Marine Division at San Diego. Great! San Diego! That was short-lived. I phoned to see about housing for my family, but the Navy enlisted man on the other end of the phone said, "You'll spend about six weeks in training and then you're going to Vietnam." A chill went up my spine.

I then had to make some quick arrangements for Phyllis and our now three kids, Christopher, Jennifer, and new baby Heidi, to move somewhere. The Navy pay was to be \$11,500 versus the \$3,000 that I was earning as senior resident. So this part of being drafted was a big boon. I left Yale with a \$500 grocery bill that I could now pay off.

Q: What was the nature of the orientation training in San Diego?

A: The pre-deployment training was not six weeks but rather two weeks! We had to run around a track the very first day. One of the surgeons, who was a little portly, grabbed his chest and fell to the ground. That was the end of the running. We had calisthenics for a brief period and then that ended. The training was absolutely horrible. We were eager to know more about the medical issues, but that was not part of the training. It was all about the structure of the Marine Corps. We were shown how to strip down an M1 and put it together, but the springs were flying all over the place. And in my class of 60 to 70 people, three took off. One went to Mexico. Two went to Canada. We didn't know even simple military jargon like ranks and rates--but I was bound for Vietnam anyway.

⁴ The shunt goes from the ventricle in the brain, takes the extra spinal fluid, and drains it into the vessels of the heart. People with this condition live otherwise normal lives.

Even though the lecture was short, we were briefed on our responsibilities under the Geneva Conventions. Later the Geneva Conventions would prove critically important.

We had supper one night with one of the sergeants who helped orient us, a black fellow who had just returned from Vietnam. He was a soft spoken, intuitive wise man. When he spoke, everybody listened. He told us the truth, that is, what Vietnam was going to be like. We all wanted to serve under him. We heard through the grapevine many months later that he went back for a second tour and was killed.

One of the points he made was, “Don’t go to Delta Med or Dong Ha.”⁵ We didn’t have any choice, though. We left San Diego and flew to San Francisco. Phyllis came out for just a couple of nights. On to Travis AFB and then we flew over on a United Airlines flight filled only with doctors and some dentists.

I had left Yale July 1, 1968, arrived at Camp Pendleton July 5th, and because the military needed docs so much, I would soon find myself five miles below the DMZ [demilitarized zone] at the Delta Med Forward Casualty Receiving Facility on July 20th.

Q: What do you recall about landing in Vietnam?

A: I remember that flight well. The plane carried a few female flight attendants, but I remember only one. In fact, we all fell in love with her from a distance. She was a very pretty blond, perky college cheerleader type who was easy to talk to, kidded with us, and made us all laugh. It was what we needed to keep our minds off the impending landing in a war zone.

We didn’t see much of the ground from the windows before we landed at Danang. When the plane stopped, she couldn’t open the door and struggled with it. All of us were wondering whether or not we should get up and help her. What are we supposed to do? What is the military protocol. What’s acceptable? That’s when we realized we were all quite confused as to military protocols--even as simple as this one! And suddenly the door opened and we felt the whoosh of warm air--and an introduction to the unique smells of Vietnam.

When we went down the stairs, some troops who were to board for the trip home were waiting and shouting catcalls and whistles. “You’ll regret this! Get the hell back on the plane!” We saw lots of jets taking off from Danang Airport from hangars on the south side of the runway. We didn’t walk for very long. I just followed the crowd ahead of me. The north side of the airport area was for processing new military arrivals. It was designed like a large wooden maze for rats. We had to stay in line. Wire screening prevented anyone from jumping over to another line or going under the fence.

And for the next four hours, under the hot sun, we moved slowly through that maze. I thought at that time that my life would never be the same. We weren’t ready to give up our autonomy, but this was a big shock, especially to physicians who pride themselves on being independent. Interestingly, in 1989, when I returned to Vietnam, I landed at the same airport. The same

⁵ Delta Med was a forward casualty receiving facility for the 3rd Marine Division at Dong Ha, Republic of Vietnam.

hangars were now occupied by North Vietnamese jets. The wooden maze on the north side of the runway was still there, intact and appeared unused.

Physicians are taught to be independent. We were trained to make critical decisions. We were in charge. And we did procedures during our residency training back then that nobody would think of doing today because of more strict medicolegal concerns and stringent supervision requirements. The old adage “watch one, do one, teach one” was alive and well.

And that’s when I began to look at people--and at myself, realizing that this situation is going to be much, much different. Despite my confidence in my training, the military has its own culture and language. You’re just a number when you’re drafted. If you get killed, you’re a brief hiccup who just needs to be replaced by someone else. Nobody thinks about it much. I didn’t know the people around me. I knew one guy was going to become an ophthalmologist who I shared a tent with during training. He was to stay at Danang. At least I had my residency behind me. I thought I knew a lot of medical techniques because we did so many procedures and were seemingly well trained. But expectations were different in Vietnam, and the training became an unforgiving and demanding crash course that not all draftees could tolerate.

Q: Had you been through any kind of surgical training?

A: My residency at Yale served me well in Vietnam. The last six months at Yale, I took surgical rotations that emphasized techniques and surgical wound care. Still my dream was in pediatric surgery. I certainly felt competent in wound care and many procedures but really only in the pediatric population. I had a broad education. I also liked pediatrics. Pediatrics in the 1960s was a highly sought-after residency because pediatrics and infectious disease went hand in hand. Infectious diseases were still rampant, including polio, measles, mumps, chickenpox, and others we rarely see today. Many challenges of clear infectious diseases were unrecognized and needed a diagnosis. We had at least a meningitis patient every week at Yale. I actually did the best in medical school in infectious disease, especially regarding pediatrics and loved it despite my surgical dreams.

At Yale, I also did many spinal taps and we had to do our own labs. At the end of each pediatric ward, we had our own laboratory run by the residents. We had to do our own gram stains and cultures. We had to read them and have them ready for rounds, which went from 6 a.m. until 1 p.m. The rounds included doing physical exams on every single child. For example, a child needed electrolyte measurements, which is common now and available from the laboratory within minutes. For a child back then, we had to fill four Red Top tubes, even on an infant, and we didn’t get the results for four to five hours.

So we had to do much more deduction by physical exam and intuition, and also by what we knew about the disease in order to make the diagnosis. We were taught to “decode vital signs.” We would interpret what each number from the blood pressure, pulse, etc., was and what it meant physiologically. Today, all clinicians get are numbers remotely from electronic monitors. We were trained to be good diagnosticians at Yale, and I knew all this excellent diagnostic training would be put to good use in a war zone. At least I hoped so!

I certainly could do gram stains “behind my back and blindfolded.” Today, hospitals don’t allow gram stains to be done on site because of the fear of bioterrorism contamination. Today, physicians don’t know how to do gram stains and that’s what we’re dependent on if we’re going to do humanitarian work in developing countries.

After getting off the plane in Danang and heading toward the end of that fenced maze, I was the last one to enter a group of six or seven guys. I didn’t know any of them. Some of the groups arrived together at Travis before we flew over. We were to report north to the Marine base at Quang Tri--one of the places the Marine sergeant told us to stay away from--if possible.

We got on a four-engine C-130 military transport. Some ranking enlisted guy announced, “We’re going to be landing at Quang Tri. When we hit the runway, the engines are going to reverse. You’ll be thrown forward so hold on. The back is going to open so run out quickly and dive into a foxhole on the periphery of the narrow runway.” We were scared to death. We landed pretty hot. The noise was amazing as the propellers reversed. The C-130 rear door came down, and everybody ran out looking for a foxhole. We then saw people on the ground laughing at our antics. Everybody immediately knew we were the newbies.

We stood at the periphery of the metal corrugated runway. And immediately ahead of us was Alpha Med and the large Red Cross flag. An officer read off the names for those who would stay and those who would continue north to Dong Ha. “Stand fast. You guys are going to Delta Med at Dong Ha. We’ll have a ride for you.” Dong Ha was the most northern base for the Marines in I Corps. We remembered the name from the Marine sergeant who said it was the place to avoid. Delta Med was frequently hit because it remained within range of the large guns in North Vietnam.

In the almost 20-year war, most of the battles occurred in and around the northern half of Quang Tri Province. Again, Delta Med was a mere five miles below the DMZ. The entire DMZ was only 32 miles across from the South China Sea to the border of Laos. The NVA [North Vietnamese Army] ended up skirting the DMZ by going down the Ho Chi Minh Trail through Laos and Cambodia. No large groups of the enemy could hide because everything was gone, including the foliage because Agent Orange⁶ was heavily used in Quang Tri Province. We knew it had saturated the dust of the dry land that was kicked up every day with military travel. Not much land was farmed anymore.

Quang Tri, which was the provincial capital, doesn’t exist anymore. Only a few remnants of structures exist today. Dong Ha, which was just a small town, is now the provincial capital because Quang Tri was totally wiped off the face of the earth.

It was late in the afternoon when we finally left Alpha Med. Somebody had arranged for us to get on the back of a monstrous Marine tank. I’d never been on a tank before. Just to get up on the tank was an ordeal. I threw my duffel bag up and it fell back down. Then the vehicle started to

⁶ Agent Orange is an herbicide and defoliant chemical known for its use from 1961 to 1971 by the U.S. military as part of its herbicidal warfare program.

move and buck forward. We all had a tenuous foothold. Someone helped me to get up, but I was just barely hanging on.

We had to go about 10 kilometers north on Route 1 up to Dong Ha. It was getting darker. It was a nightmare for us newbies. Nobody spoke because we could not hear each other over the tank noise. Then the tank suddenly turned left off the narrow highway that was known as Route 1 or the “Street without Joy,” as it was called during the French Indochina War [1946-1954]. We went up a small knoll, across an old graveyard, and came to rest on the periphery of a helicopter pad where multiple choppers were offloading casualties in what had to be “Delta Med.” We suddenly stopped at the edge of the helicopter pad as multiple choppers were coming in to regurgitate casualties. The casualties were being carried into a big 10- or 12-foot-wide corrugated metal compound that was as high as 20 feet with large Red Crosses painted on every side. This metal building had a small opening where all the casualties entered the compound.

After the choppers left, we entered the triage⁷ area following that last group of casualties but we stayed in a corner observing what seemed to be organized chaos. We all wondered what we had gotten into. The wounded were rushed off into surgery--and they had only two operating rooms. Or after resuscitation, the wounded were put back on choppers to head out to the hospital ships *Sanctuary* or *Repose*, about 30 kilometers away.⁸ We newbies looked conspicuously uncomfortable wondering what we were supposed to do now.

A corpsman finally came up to us. No names were spoken, and I don’t remember if he read our names. The corpsman just said, “Well, this is the triage.” As he walked, we took in everything he had to say. Everything was within the walls of this corrugated structure. We went to a hooch to see cots next to each other, but there was little space between each one. How will we maneuver around these cots?

Q: About four inches between each cot?

A: Yes, if that much. We hadn’t slept in a long time. The corpsman simply said, “If you hear choppers or you hear the announcement, they’ll give the numbers of who’s coming in and everybody responds. That’s it. It doesn’t matter what time of the day or night. Everybody responds to triage.” And then the corpsman gave us our assignments. I was assigned triage station 7. I thought that number was wonderful. Maybe “7” was good luck.

Q: A corpsman assigned you to your cubicle?

A: Yes. The senior medical chief made the assignments. I never met any medical officer those first two days. Then we got to lie down and tried to sleep. Everybody was as nervous as hell. Our hooch had no lights. The interior was so foreign and stifling hot. Even the smells were foreign. We could see people walk by who looked like they knew what they were doing. I felt so vulnerable.

⁷ A medical situation used in urgent situations, such as combat, to quickly determine the priority of treatment for a numerous influx of casualties, based on the severity of their wounds.

⁸ During that period, the Navy’s two hospital ships, USS *Sanctuary* (AH-17) and USS *Repose* (AH-16), operated off the northern coast of South Vietnam on staggered schedules.

All of a sudden, I heard a roar like I had never heard before. We couldn't hear anybody else because the noise was right outside at the helicopter pad. We put on our helmets and flak jackets. Then all seven of us newbies followed everybody else to triage. High-velocity dirt and rocks were being hurled through the narrow entrance so everyone turned their back to the direction of the helo pad.

Q: Was it a rocket attack?

A: No.

Q: Was it the downwash from the helicopter?

A: Yes, we were right next to the choppers. So I did what everybody else was doing. I turned my back to the choppers. You couldn't talk to anybody. The guys bringing casualties in were using hand signals. We had sawhorses, three corpsmen, and me. I had never met these corpsmen. I'm not very religious but I whispered to myself, "God, please give me something I can handle."

My casualty was easily slipped onto one of the sawhorses. Talented hands who knew what to do went very busy--except for me. I looked at the casualty. He had no face, just tissue with air bubbling out where his mouth had been. The corpsman put a small surgical drape over his face. Another corpsman did the most beautiful tracheotomy I've ever seen in my life. The third corpsman cut the uniform on his lower leg, then the upper part of his boot. This area, I was told later, was the cleanest part of his body having been covered by the boot. He immediately inserted a large port IV needle. Then he used hand signals.

All of a sudden, the patient was whisked outside. He was put back on one of the other choppers after it had discharged its load of casualties. The helicopter headed out to the hospital ship. The corpsmen turned their backs and went off to other tasks. Then it was suddenly quiet. I now realized that I don't belong here. I can't do this. I'm useless. It was a knock to whatever remaining ego I had.

The corpsmen knew the routine in their sleep. Whatever you felt you could do, even if you were a surgeon, routine procedures were done differently here and, by and large, by corpsmen. They had an operational level of communications that I had to learn and be useful to them. If not, I had no reason to be there.

Q: They had their own routine.

A: They had their own routine and they knew I was a newbie--and you don't trust newbies. These guys were seasoned. All these corpsmen had received at least three purple hearts for being in combat. They were amazingly resourceful.

We finally got some sleep. No more incoming casualties that night. The next day we began orientation. I came in with four newbies, but now the next morning there were only two of us. The other newbie asked, "Where are the other guys?" Someone responded, "They were removed. They're not going to make it."

Q: And that was just the first day.

A: That was less than the first day.

Q: No idea what happened to them?

A: No.

Q: They cracked under the pressure?

A: One guy said that one of them had an acute asthma attack. I was an asthmatic. If my life depended on it, I couldn't wheeze because I was secreting so much endogenous steroids. I never wheezed my entire time at Delta Med. But obviously it was physiological. The corpsmen had seen this situation before. Some people just don't make it. And the corpsmen had a say in not wanting those people around. It was a drain on resources and morale. Why I was still there I had no idea!

At Camp Pendleton, they told us we'd get camouflage garb when we got to Vietnam. I got the camouflage uniforms, but every single one of the uniforms had belonged to a casualty. We simply ripped off the name tag. Mine had multiple old blood stains that wouldn't come off even after I scrubbed them--a daily gruesome reminder of death. It was hard to believe that the Marines didn't provide new uniforms, boots, socks, and other necessary clothing items. We wore sweat socks but it was too hot for underwear.

For the next several weeks, I didn't get much sleep, maybe two or three hours a night. But I couldn't feel sorry for myself. I just learned everything I could. [Lt.] Edward Feldman saved my life. He had been in Khe Sanh.

I don't know what he saw in me, but he took me under his wing. I learned how to do my first amputation with Ed's assistance. He had great skills. He taught me so much. And I also learned a lot from John Parrish, an internist who wrote the book *12, 20, and 5*.⁹ Parrish ended up being a dermatologist at Harvard. I met him again when I came back. I needed a dermatology consult, and he came into my office when I was a fellow at Harvard. We both looked at each other, asking, "Do we know each other?" He was treating infectious diseases, and I was to take his place. From the start, malaria was the most common.

I had more infectious disease experience than most physicians so these cases would be sent to me. For those first few weeks at Delta Med, I was in one of the two ORs doing amputations and working on chest and abdominal wounds on patients who could not make it out to the hospital ship. I got an amputation down to about 14 minutes. I was just trying to learn everything I possibly could, observing and modeling myself after Ed Feldman, other docs, and, of course, the corpsmen. I kept my mouth shut and just did it. I'd say, "Hey, let me do this one." So you'd observe a procedure, you did it, and then you taught it.

Occasionally our triage bunker would be filled with South Vietnamese troops, North Vietnamese troops, civilians, and Marines. After initial surgery, I never saw a patient who needed additional surgery because we never kept anyone more than 24 hours. Part of the triage process includes making quick decisions. What was the patient's chance of survival? What evacuation options

⁹ Parrish, John A. *12, 20 and 5: A Doctor's Year in Vietnam*, E. P. Dutton & Co., 1972.

were open to us? How far was the hospital ship from us? With triage, we had to manage all kinds of evacuation and logistical situations, not just the casualty.

We did a lot of what was called “meatball surgery”--chest tubes, immediate amputations, lifesaving kinds of procedures. But we never had any form of closure with the patients because the casualties were suddenly gone.

I performed many cut downs on casualties in shock, meaning that I would anatomically find out where the vein was, make a slice, then go in with a curved probe to lift the vein up so I could see it. I would next put a suture above the top and a suture below. I could then enter the vein and insert tubing. I next put some sutures on the top. I would take those out when I didn’t need them anymore. I almost always did cut downs in the ankle, certainly with Marine casualties, because that site tended to be the cleanest place. Their boots had protected that area. But no place was really clean. Throughout my time in Vietnam, all these procedures had their own challenges.

We had to do amputations. I did some in surgery, but many were quickly completed in triage because they were already partial amputations with little adhering muscle or tissue left. We had to finish the job. We’d clamp the vessels, apply a thick soft bandage, and then get the patients out to the hospital ship. Many amputations were done just below the knee. Once on the hospital ship, the doctors might have to re-do the amputation above the knee. That was their job. We did amputations simply to cease bleeding and save lives.

We also ran into ARDS, Acute Respiratory Distress Syndrome. That syndrome would appear after we did amputations, but was associated only with severe blast injuries. We sent the patients down to Danang to the Naval Hospital [Naval Support Activity Station Hospital] or to the hospital ship. These Marines left us in seemingly good shape and then they’d rapidly deteriorate. We called it the “Danang Lung” because some kind of medical condition happened en route and resulted in complete respiratory failure. We saw the same syndrome 23 years later in the Persian Gulf War [August 1990-February 1991]. We would send a seemingly stable blast injury casualty out on a helicopter, and we received a report that he suddenly died three hours later.

Many physicians had never seen ARDS before because they didn’t treat many severe trauma cases in their naval hospitals. They had not seen many examples of these cases in the civilian trauma centers since they were in urban settings. These physicians primarily dealt with gunshot and knife wounds. A single wound was very unusual. Casualties usually had multiple wounds, which were often not easy to handle. We would try to mitigate the negative effect of any one of them. That’s why we did early amputations before travel.

Many techniques in trauma medicine have changed since the late 1960s. Every war contributes to that knowledge. Our understanding is much different now with the Iraq War [2003-2011] and Afghanistan War [2001-2017], even though the approaches and treatments haven’t changed that much.

Q: If you think in terms of the surgery performed in the American Civil War 150 years ago, amputations were important because limbs couldn’t be salvaged, and amputation offered the best chance of survival.

A: Right. If you didn't amputate, the person would die very quickly afterwards or over the next terrible six hours.

We didn't use tourniquets in Vietnam. Instead, we pressed on the femoral artery. Many times we talked about using a tourniquet on a particular case, wondering if a tourniquet would be better. But the theory back in the 1960s was that tourniquets did not help and might cause complications if left on too long. But now we know they are beneficial to the point that they were being used by civilians in the Boston Marathon bombing [April 15, 2013]. They saved lives.

Q: In Vietnam, did you have access to Heimlich chest valves?

A: No. They weren't available when I was there in the late 1960s.

Q: They weren't?

A: No. the Marines only had medical equipment from the Korean War [early 1950s]. The first surgical pack I opened contained sulfa powder. That was much different than what the Army had. We heard that the Army medical teams were well supplied, and, in Vietnam, they also got to work in air-conditioned buildings.

We opened up one surgical pack for a group of children who had napalm¹⁰ burns. In a photo of these children sitting next to each other on a table, the physician and corpsmen are working on them. In that particular situation and in other circumstances, they would use everything in that surgical pack before they would open a second pack.

Q: Did you find that sulfa was particularly effective?

A: No. We had it but didn't use it. We had enough IV antibiotics. It probably would have helped in some situations, depending on the nature of the wounds.

We ran into the same kind of situation during the Persian Gulf War in the early 1990s, namely, lack of adequate supplies. One reason why I stayed awake during the 100-hour ground war [Feb. 24-28, 1991] was because I realized I had only a little bit less than 2,000 pints of blood. If anybody asked what we stored in terms of supplies, I knew exactly what we had. I was monitoring these supplies against what I knew was being used clinically. Just before the end of those 100 hours and the end of the war, I was told we were running out of sterile gloves and certain sutures. And, at that point, we had no one to bring those items up to us. Since the Air Force made a dirt strip for the C-130s a mile away I asked, "Can they bring supplies up in Air Force planes?"

During the Persian Gulf War, Coordination and collaboration among the service branches were poor. At the time, they were trying to arrange that kind of transport. The other supplies we needed were straps for the stretchers. I made it clear that when the Air Force planes arrived, we'd take their stretchers off and put our stretchers on with the casualties, even though they didn't have straps for them. I didn't want to run out of stretchers. Because the Air Force couldn't evacuate our casualties if they were not strapped down, I had the docs and corpsmen take off

¹⁰ A highly flammable sticky jelly used in incendiary bombs and flamethrowers, consisting of gasoline thickened with special soaps.

their belts and that's what we used before the stretchers went on the planes. Really primitive but the problem was with logistics and planning the right way from the top down.

In Vietnam, American Army troops were increasingly coming up north near the end of my tour in July 1969. They were scheduled to take over a big part of I Corps operations, including medical. Groups of these troops were converging on one of the roads near Delta Med. I saw two young recruits, one who was obese. He had a round flushed face, early adolescent appearing. He could have passed as a 12-year-old. An Army sergeant was yelling at him, making him an example for the others. Tears were streaming down his cheeks. I don't know what this youthful looking soldier had done or not done. With the tears he was visibly shaking. I wanted to shout, "Hey! Stop that!" Yet I had to walk away. I asked my companion, "Have you ever seen anything like that? Why is he here? Doesn't the Army have better screening?" We both said this kid was going to be dead within a week. He had to have been 18, but he certainly didn't look that old.

Unfortunately, the average age of death for the Marines in Vietnam was 19. Why do we send adolescents and young adults to war? Throughout history, the elderly make decisions to send to war the young men in their late teens and early 20s. Nothing has changed. When we graduated from college, we thought we were on top of the world, but we were still very much kids without any experience. I doubt we could have led men at that age. But that's the way it is in our culture.

In Vietnam, we fought against very committed ideological foes. And then again, we encountered those same kinds of foes in Afghanistan and Iraq. Those enemy soldiers might be older and wiser, know the terrain, the culture, language, and were personally motivated. They know what risks to take. They're smart and they're cunning.

Q: I get your point. You put a kid, barely out of his teens, who is not even developed physically or psychologically against that kind of enemy, and he's at a terrible disadvantage.

A: Exactly. I remember the young badly injured Marines in triage, most of them just kids. They seemed physically mature and were confident in their operational prowess. But when wounded and seeing their fellow Marines killed, the protective cover was vulnerable to being exposed.

On one very bad triage day, a wounded Marine suddenly began to whimper and started to call out "Mommy! Mommy!" Then more Marines around him began to utter the same words. Soon the majority were uttering weak but clear calls for "Mommy!" I realized we were living in a nightmare. The docs and corpsmen silently went about what we needed to do for everyone. Stabilizing as many as possible chronologically, we can't speed up their physical or psychological maturation. And, of course, these young Marines followed orders to the letter. They lay on the stretchers at attention, quietly and respectful. They even died at attention. They never complained. I never heard them yelling or screaming.

When the Army came in later, those Army casualties, mostly draftees, were yelling, kicking, and screaming obscenities. That behavior was often an assuring indication that the vital signs of the injured Army casualties were probably quite good. So it was good to see them venting. We first went to the wounded who were silent. Those were the ones we had to worry about.

The time went by so fast. We were physically and mentally exhausted, but it was the survival of the medical team that at least gave us security. And if not, we were not going to be part of that group, and we were not going to be recognized. I knew what the entry was: to get into that group, to be a good clinician, and to be a good doctor for the Marines.

Weeks passed and I didn't get any mail. I would write Phyllis when I could, but I didn't know if my letters were reaching home. We had some "Dear John" letters. I actually had four guys during my time, not doctors, but Marines, who committed suicide. They shot themselves in the head because they received "Dear John" letters. But for four months I got nothing. No mail. I was reporting what was happening, but I didn't have much time to write. I would just fall asleep, too tired to write a letter. Then I wrote to Phyllis saying I could understand if she wanted to get on with her life, that is, end the marriage. I added that the three children are mine and I sincerely love them--even though I couldn't spend the time with them like she did. But I wanted to know about them. I hoped for a response to tell me what was going on no matter what her decision was.

The Marines began to renovate Delta Med in order to start admitting children. I was treating most of the infectious disease cases, which dominated the greatest number of the children's cases. I had to go down to Alpha Med at Quang Tri with some corpsmen to get additional antibiotics and other surgical items that were designed for children. We arrived at Alpha Med and went to the main office to find out who to talk to. I had my name tag on but no rank. We never wore our ranks because if the VC [Viet Cong] saw that you were an officer, they'd start shooting. You didn't go around flashing your rank.

I walked into the office to ask who I should report to in order to obtain antibiotics and other supplies. An enlisted guy looked at my name tag and asked, "Who are you and where are you located?" I told him I was an officer and then added, "I'm at Delta Med." He asked, "How long have you been up there?" And I responded, "Four months." He turned around and looked up at the shelves behind him, all covered with layers of sand. He pulled down a packet of letters tied up with rope and said, "You're lucky. I was going to burn them tomorrow." No one knew I was up at Delta Med.

Q: So all your mail was coming in.

A: And he was just keeping it because it said "3rd Marine Division." I don't know why our mail was held up at Quang Tri. Maybe they thought I was out with the troops in the field because we had general field medical officers in different battalions. I couldn't believe my luck!

The corpsmen and I got along well at Delta Med. I didn't know ranks or rates. One day, a master chief with the Marines confronted me, ordering, "You come with me." I followed him out of triage and onto the helicopter pad where he chewed me out for calling these corpsmen by their first names. So after that unnerving episode, I had to ask him a favor. Just write down the enlisted rates and their last names. In September, I had received a field promotion to lieutenant commander.

Q: This was 1968?

A: Yes. So that promotion changed the situation. We had a dental unit. Teeth were often a reason the brass kept troops from going into the field. We had two or three dentists and dental corpsmen.

One dentist was from the southern U.S. He had blond hair and was a little bit stout. During the first week at Delta Med when we were gathered around, this guy looked me up and down. I was a lieutenant, he was a lieutenant. Not a big deal. I tried to be friendly with everybody but he was a wise ass bully. I couldn't figure out why. I just let it bounce off my chest. But his smart aleck behavior and snide remarks about me continued for a while. We didn't meet that much but the snide remarks continued. I just avoided him the best I could.

We had a chaplain, a Catholic priest who everyone loved and respected. One day he grabbed a grenade that fell off the stretcher of a Marine casualty when he was being moved to the sawhorses in triage. It was busy and frantic. He ran to the helicopter pad with the grenade against his abdomen. Suddenly, silence. Yet no one moved who saw what had just happened. Then the priest came back in seemingly embarrassed. The pin was still in the grenade. But he was everyone's hero and he received lots of pats on the back and some kidding.

I later asked the priest, "What's up with this spiteful dentist?" The priest started grinning and said, "You're a Yankee and he doesn't like Yankees." A lot of these guys were from the South. Most of the military guys were from the South. I was from Connecticut so I was a Yankee. And the priest added, "And you're Jewish."

I reflected on the information and then responded, "Well, yeah, I'm from Connecticut so I guess I'm a Yankee." And I then said, "I'm not Jewish but if I was Jewish, I'd be pretty proud of that." I remember sticking up for everybody. And I continued, "I happen to be Catholic, but I guess where he comes from, that's just as bad as being Jewish. Please get that message back to him." But the main message I asked the priest to pass on was that if I was Jewish, I would be proud of that identity.

I wanted to slug this dentist. And then I was promoted to lieutenant commander. I really had a lot of built-up anger toward him and purposely bumped up against him on several occasions saying, "You have a problem Lieutenant?" A month later Delta Med got hit really badly. The dental unit got struck directly. This guy, my nemesis from the South, was transferred out, just leaving behind one dentist, a Jewish lieutenant from New York City.

I remember one particular casualty we treated. The chopper came in hot and he was dumped off right at triage. He looked about 14 years old with spiky, reddish-blond hair. He was skinny as a rail, and his trousers and sleeves were all rolled up. He obviously had been coded [critical with no heartbeat or measurable blood pressure]. I pressed on his chest quickly. Blood from both sides of his hip spurted out several feet like they were two fire hoses. He had an entrance wound on one side and a large exit wound on the other. The bullet probably cut the lower part of the main vessels from his aorta. He had an agonal rhythm [very slow heart rhythm] and resuscitation was futile.

This young Marine reflected the futility of this entire war. He was probably just in country for a short period of time. I called the code [discontinue further attempt at resuscitation]. The corpsman exclaimed, "No!" He started to put in the lines and perform CPR. I said, "There is no way we can go in and stop this bleeding." Massive amounts of blood streamed out the large wounds with every down stroke on his chest. Various thoughts raced through my mind, including it's time to get out of this place. I had seen so much death--and it was really getting to me. Many people in my compound--my commanding officer, my mate, and some Vietnamese nurses, had emotional issues due to stress and the never-ending stream of casualties. I came back in a little while and that young patient was no longer in triage. The corpsman told me that he had died, and they ceased CPR moments after I left. The corpsman looked me in the eye and asked, "Are you OK?"

I was usually pretty steady. Every time we received casualties and were under stress-filled situations, I became calmer rather than more anxious. I felt that I benefitted by that kind of pressure. I learned so much about myself. I had no idea I even had that trait. I can't call it an attribute. I could organize my thoughts better under stress. That same situation happened when I was in the Persian Gulf War more than two decades later.

Q: Were you able to communicate much with your wife while you were in Vietnam?

A: I didn't convey much information to Phyllis in my letters because I was just so tired. I didn't want to upset her. At the end of September 1968, our base was hit again, and it made the news. Phyllis was leaving the bank with the kids in the car. When she turned on the engine, the radio, which had not been shut off, was announcing that the Delta Med medical facility was hit and everyone was killed. She listened to what little was left in the announcement and drove to my aunt's house. The father of her best childhood friend was the head of the local radio station. When Phyllis got back to my aunt's place in Hamden [Connecticut], she called the head of the radio station. He said, "I'll read you what I have. It was more than what he had announced on the radio. It's not very good. They said that everyone was killed so nobody escaped." Phyllis went through hell for the next three weeks.

Q: Three weeks? That long?

A: Yes. I was posted with the Marines so she was checking with the Marines. But Marine officials had no information to provide her. Then a Marine spokesperson said, "But your husband's a Navy officer. You have to go to the Navy." So Phyllis went to a Navy office and the Navy personnel at least said, "We have a list of people who were dead and injured, but we don't have your husband's name on that list. But then we don't have the full number of people who were killed." Somebody told Phyllis to call the Red Cross. Within 24 hours, the Red Cross called her and said, "Your husband is alive." Amazing! So that's when I developed a true admiration for the Red Cross. I decided to join that organization after I got out of the service--all due to that one incident of the Red Cross trying to get answers for Phyllis.

Phyllis developed angioneurotic edema in which her lower lip would swell up. She was seeing one of my former residents who gave her benadryl and epinephrine shots. She never complained. I knew nothing about her medical condition. We didn't know what was happening on the home front at all. All I wanted to hear was that she loved me and was going to stick with me throughout this ordeal.

The war was complicated on many levels--and especially politically complicated. We had the triage bunker filled with Marines and some South Vietnamese soldiers. A common belief at the time was that if South Vietnamese soldiers were guarding your flank, the Marines felt these South Vietnamese troops would not fight. Few Marines trusted them. We didn't have many wounded South Vietnamese soldiers at Delta Med.

But their cultural hesitancy had to be understood. These South Vietnamese troops were not from this area near the DMZ but much farther south. They were afraid of dying here because they believed that if they didn't die close to their homes, they would never go to what they believed was a beautiful afterlife. These soldiers truly believed that life on earth was hell. They thought that if they had a good, honorable life, and they died and were buried on their land, then they would go to their equivalent of heaven.

Q: Did you treat the North Vietnamese?

A: Yes. Several times I treated North Vietnamese soldiers who were in the temporary POW camp on the base. They came in with rashes and various chronic and acute infectious diseases acquired from the jungle. Many were quite tall, muscular, committed, and well fed. They were impressive soldiers, stood at attention, and made eye contact in an intimidating manner. We also took care of the civilians. We had them all in the same triage area at one time after significant battles. And we had only the two operating rooms. Only U.S. active duty were sent to the hospital ships. C-130s were used to transport them farther south to Danang.

Q: The North Vietnamese were under guard, I assume?

A: Yes, always under guard. I saw one wounded who took a cyanide pill and died right on the table. One day we were having incoming rounds, but the Marines brought in two North Vietnamese casualties. One had a bullet wound in the right upper chest under the subclavicular [area beneath the collarbone]. We started IVs. For some reason, he was semi-conscious or acted semi-conscious and never winced with pain when I examined him. He needed chest exploratory surgery to check for any other injuries. I had the corpsman prepare a chest tube.

We were only minutes into the resuscitation procedures when three Marines in camouflage appeared at the door with blackened faces and their M16s pointing at us. They screamed, "Get out!" Another doc and the corpsmen responded to their orders. I stood still and shouted, "Wait a second, what are you talking about?" These are wounded and we are under the Geneva Conventions to treat everyone." When wounded, everyone was legally "out of combat." The Marines were stern, angry, and they adamantly ordered us out again, demonstrating their firmness with the pointed movement of their M16s.

We left--another doc, two corpsmen, and me. Everybody else had already evacuated to the underground bunkers.

I brought a few physicians together to advise them of what was going on and why we were being ordered out of the triage bunker. After a brief discussion that lasted only a few minutes, we agreed that this was a Geneva Conventions violation. I said, "It's too quiet. I'm going back in." The triage bunker wasn't that large, just long enough to handle five or six casualties at a time. It

was dark, and all the equipment and stretchers were colored in military browns, dark greens, and black--no bright colors. It was very austere and on the wooden shelves was equipment needed for resuscitation. From there, casualties were transferred immediately to one of the ORs or evacuated by chopper to get these casualties out quickly.

My casualty was the farthest back in the triage bunker. When I looked at him, what stood out was this brilliant clean white cloth that was over his head. The Marines were pouring normal saline solution on the white cloth from opened saline IV bottles. I was struck by this whiteness because we never saw anything quite that white for several months. The NVA soldier was struggling and moving his legs in resistance. The Marines saw me and yelled at me again to get out. I stood there because I wanted to see what was going on. But once I grasped what was happening I left the triage bunker.

Clearly the Marines were torturing this NVA casualty to get information. I told the other docs what I just witnessed and went directly to the Admin area, which had a radio connection to the base. I stated emphatically, "I want to talk to somebody in charge!" I related this was Delta Med on the phone. I think I got connected to a colonel. I said, "This is Cdr. Burkle over at Delta Med. You guys are telling us we can't treat North Vietnamese, and some Marines are in the bunker torturing them. This has got to stop. It is a violation of the Geneva Conventions."

I told the colonel, in no uncertain terms, "You have to stop this! Somebody has to come over and stop this torture immediately. This is a neutral place. We treat everybody." Whoever I was speaking to hung up the phone.

I went back a second time to the triage bunker. I saw the two patients and no Marines. My patient was dead and the other was barely alive. We later learned that this was called "waterboarding."¹¹ Nothing ever happened and we never heard anything from the Marine colonel. Years later, I was informed that many miles south of us an Army officer was prosecuted for waterboarding in Vietnam. But nothing happened regarding our incident. Weary, of course, we continued our duties as before, but I have never forgotten it. Needless to say, it came back in the news when I was in Iraq.

Q: So the Marines literally drowned him?

A: I don't know. He may have died from blood loss in his chest. They wanted information. I don't know how long they did the waterboarding. I just know that when I came back into that triage bunker he was dead.

Q: What happened then?

A: They were both North Vietnamese forward observers. The incident took place not far from Delta Med. I heard they were brought to us by jeep. They were shot at the periphery of our base so they got up pretty close. The Viet Cong had been pretty much decimated by the time I got there in 1968. So the hard core North Vietnamese came in and replaced the VC because the

¹¹ Waterboarding is a form of water torture in which water is poured over a cloth covering the face and breathing passages of an immobilized captive, causing the individual to experience the sensation of drowning.

Viet Cong were losing their numbers. The NVA took over the ground war in the south while I was at Delta Med from 1968 to 1969.

Q: I guess it was easy to figure out who was the NVA and who was the VC. The NVA spoke with a northern dialect, and the VC were from the south.

A: We didn't pick up on that unless our interpreters told us. But also they had typical NVA uniforms that stood out as not being local. The VC, of course, remained viable and certainly worked to make the children's hospital effort much harder and dangerous.

Q: And you thought that as far as pitting the South Vietnamese soldier against the North Vietnamese, it wasn't even a fair fight?

A: The NVA were committed and disciplined. I was impressed with them as an enemy. I was trying to learn about the culture and the different nuances that impacted the differences between North and South Vietnam. I was reminded of this situation when I was in Iraq [in 2003]. The Iraqis we were fighting were guys in their late 20s, 30s, and 40s. Many were very committed. Our Marines were young and didn't know anything about the culture.¹²

Q: Who was Delta Med's CO?

A: While I was at Delta Med, we went through three commanding officers, all regular Navy. First was Barton Slemmons, then Gordon Phillips, and the last was Bob Roe. Bob and I remained close friends over the years, but he has since passed away.

Q: What kind of diseases were you seeing, and were you also treating civilians?

A: At that point, we weren't seeing any civilians unless somebody ran up to the base or a helicopter brought them in with traumatic amputations. They all had war wounds. Then we decided to open up our facility to treat children. We were north of Quang Tri City, which was the provincial capital. More than 40,000 refugees came down from the north in 1954. They were in these camps and in small towns suffering chronic poverty all very close to Delta Med. They were the most vulnerable populations.

We were so encased, even by the structure behind the massive wall that we were housed in, that we didn't know what was going on with the civilian population. If somebody had asked about civilians, we probably would have said, "They're not involved much in our war." We didn't know whether or not they were being killed or wounded and, if so, who took care of them. But they were being killed and injured in large numbers.

When we first opened the children's hospital, the Civil Affairs Unit¹³ would bring them in, whether it was from Qua Lin, Cam Lo, out toward Khe Sanh, or other distant places. I saw a lot

¹²Gen. David Petraeus, at the end of being in Afghanistan for 10 years, said, "Maybe we should have known more about the culture." He also stated that we did not know much about the culture in Vietnam--or Iraq--so the U.S. did not learn much in several decades that could have been helpful. "It makes a big difference when you're fighting a committed enemy. I don't know of too many wars won by invaders who were unaware of the enemy's history and culture."

¹³ U.S. military Civil Affairs [CA] was responsible for the phrase popularized during the Vietnam War: "winning the hearts and minds of the people." Army Civil Affairs worked in conjunction

of Montagnards--the natives who lived in the Central Highlands of Vietnam. The Civil Affairs people made those arrangements. A village priest in Dong Ha was well known as being a turncoat who worked both sides. We knew that and accepted it. I had, I believe, a trusted relationship with him which especially bonded during the plague epidemic

Q: A Vietnamese priest?

A: Yes. They were all Vietnamese.

Q: Was he working for the VC?

A: Everyone was working for the Viet Cong on both sides of the equation--for survival. I went into hooches and villages, and photos of Ho Chi Minh were displayed everywhere, usually beside a photo of President [Nguyen Van] Thieu [president of the Republic of South Vietnam 1965-1975]. Again, understanding the culture would have explained those nuances.

Q: Tell me more about treating the civilians.

A: When we opened Delta Med to treat civilians, most of the Marines would be sent down to Alpha Med at Quang Tri. But we kept seeing Marine casualties and the helos flew to the closest place. In fact, we were still up most nights treating those casualties. If you found time to sleep, you did it during the day. Now, in many cases, we were also going to see children and their parents.

Q: You're up all night treating the troops, and now you're going to see civilians during the day?

A: Right. I was told by a higher-up, "You're a pediatrician. We want you to be in charge of this." I was actually looking forward to it because, even at that time, I was wondering if I was ever going to go back and do surgery as a career. We saw more than 300 child patients a day. And no diagnosis or lifesaving procedure was simple.

We had 100 beds to use for the Vietnamese. Three to four patients were in each bed. We saw multiple wounds, amputations, scurvy, bubonic plague, blackwater fever, meningitis, and TB. Many had TB that was eating away at their spines. Diagnosis was challenging with each one.

Once our hospital opened, the children came in like a flood with bizarre diseases and injuries. My staff exclaimed, "And this has been going on around us?" We were so distracted by the war that we didn't see or appreciate the local villagers' ailments, injuries, and diseases surrounding us. The big blast wall was our symbolic perimeter and barrier in more ways than one. It isolated us from the local outside world. We were not aware of what was happening in the civilian population so close to us. Once the floodgates were opened, we were able to see the unmitigated consequences.

with other U.S. military forces to win the confidence and support of indigenous tribes and local Vietnamese. CA personnel assisted civilians with construction, drilling wells, and building schools, roads, and bridges. They also organized education programs and set up public health clinics.

When the combat increased, the civilians also came in, primarily children. It's still not clear how many Vietnamese died. Some statistics say 500,000. But that figure is wrong. It is somewhere between 500,000 and 4.5 million civilians. And I'm sure most of them died in the northern part of South Vietnam where we were stationed.

Nevertheless, the diseases were fascinating, most being infectious. With some diseases, I had difficulty coming to a diagnosis. As for smallpox, I saw only one suspected case. If there were other cases, I didn't see them--but that doesn't mean other cases weren't out there.

People were still uneasy coming in to see "Bac si ["doctor" in Vietnamese] Burkle." They were apprehensive because, in many respects, we were considered the enemy. Just across Route 1 and across the Qua Viet River Bridge were Viet Cong areas. Many of the mothers who came into our compound were very nervous. The interpreter would ask, "Why didn't you bring your child in earlier?" The mothers would say they were very worried because the VC told them not to come. The VC said we would kill the children.

We had stacks of small cribs, one placed on top of the other, all built by the Marines. They were wooden structures and could hold two to three infants in each one. Infants, of course, were very susceptible to illness, such as infections, especially during birth and soon afterwards. I saw many cases of meningitis and sepsis.

One day a corpsman ran in with a 5-day-old baby with the cord still attached. The infant was hotter than Hades with a fever, having apneic [suspension of breathing] spells and was obviously moribund. It could have come from pneumonia. I x-rayed the child but didn't see anything unusual. The problem was most likely sepsis.

I put in fluids and gave the newborn large doses of IV antibiotics. But he was not improving and I had to resuscitate the infant several times. So I started wondering what else I could do. Before antibiotics were discovered, even in the 1930s, physicians would do exchange transfusions for desperate cases. I'm not sure what success rate they had but I was running out of options. The purposes of the exchange transfusions were that somebody else's healthy blood, which contained globulins and good white blood cells, might fight the infection.

So I asked the corpsman to call for some Marines who had the same blood type. I confirmed compatibility with a cross match. The baby's blood was A positive so that blood type would be easy to get. Within minutes, we had several Marine volunteers, but I needed only two Marines to donate their blood. We drew the two Marines' blood right next to where I did the baby's exchange transfusion because I needed body temperature blood. The Marines' blood went into a sterile tube. It was then immersed in an aluminum bucket containing warm water. Then I cut the decaying umbilical cord and exposed the small vessel that led up into the liver.

I didn't have the equipment I had back at Yale, but we had a small feeding tube that I improvised. I placed it up into the liver. And then I did what's called a "two-volume exchange," meaning that I replaced the baby's blood volume twice with fresh healthy Marine blood. All the while I was calculating what the infant's blood volume would be. In between, I gave small pushes of IV antibiotics so the antibiotics would circulate. I did one total volume exchange and

so far everything was stable. I then proceeded with the second exchange. Interestingly, about three-quarters of the way through the procedure, the baby was no longer having apneic breathing. He was clinically doing better--the heart rate was good and strong. As the sun was coming up, I finished.

One of the Vietnamese nurses who spoke some English said, "The mother is here." I had never seen the mother. She had just passed the baby over the closing gate. The guards let her in. She had a small gray-white wooden coffin clearly expecting that her infant had died. She ran over, dropped down on her knees, put her arms around my legs, and cried.

I thought that maybe now I'll get some of these kids early enough to treat them because I was being blamed too often for the death of children brought in too late. Our surgeon, Bob Roe, also performed a lot of lifesaving operations. When they did not live, he, too, was blamed.

So the baby did fine. I remember the mother smiling at me when I went into the ward. She was very grateful. She was the wife of a South Vietnamese soldier--not an officer but an enlisted soldier. She had followed him north. We had South Vietnamese troops but rarely engaged with them.

Over the next several days, our lines of waiting patients were becoming longer and longer. There were many more than the usual 300 patients a day. Then we were in triage mode as the supplies, especially antibiotics, were dwindling. Those in the line could see me treating patients about 30 feet away. Everybody was staring at what we were doing. I'd look over and realize we were going to be seeing patients until the gate was shut at 5 p.m. Everyone was exhausted.

Suddenly this long line just parted like the Red Sea. An older Vietnamese man with a tuft of long hair entered our compound with an entourage of other males. The villagers showed their reverence. He didn't speak but others did for him. They directed their demands at me! My interpreter, who was a Laotian Vietnamese, told me the old man was obviously a village chief. He picked up his garment and pointed to his umbilicus. He then demanded that I take out all his blood and put in new blood. So the story of me transfusing the baby had spread widely around Quang Tri Province.

We went back and forth about this procedure. There was no way I could clinically explain my decision to refuse him without insulting him. I tried to explain this in simple terms. Then I added, "I can do a transfusion only when you're sick." And then he said he had different aches and pains. Obviously he had a chronic illness. We couldn't talk about diseases because these people didn't know modern medicine. They didn't know pneumonia or meningitis or any other diseases.

I finally had to say, "Sorry, I cannot do it. It is impossible." He was clearly angry. The interpreter and the chief had some words, but he never spoke directly to me. You could see from the looks on their faces as they left with him that I had insulted their village chief.

Q: That's quite a story.

A: The number of people coming to the hospital over the next three or four days diminished appreciably. But then the numbers came back. I learned a good lesson. When I did humanitarian

teaching decades later, I warned my students never to do any procedure that could not be reproduced by them in their culture and in the facilities they had. That kind of mistake is often still made.

I saw many cleft lips and palates--hundreds of them, some pretty bad. Many of them were in older children because none of them had ever been repaired. I saw one girl about 15. She always walked around with a towel in front of her face. Then she reluctantly lowered the towel. She had a bad cleft palate. I asked Dr. John C. Munna, who was at Alpha Med, if he was interested in doing some corrective surgeries.

Q: I know John.

A: John was reluctant to come up to Delta Med because we were known as "rocket alley." But I finally convinced him and he completed 39 cleft palates, including this girl. After her cleft palate surgery, she was married within six weeks. We changed this girl's life.

Why all these cleft lips and palates? We didn't know that much about genetics at that point. After some researching and writing letters, I learned that certain medications are teratogenic, meaning that they can cause birth defects. One is benzodiazepine.

The other drugs causing birth defects are steroids if they are given early in a pregnancy. I knew the Vietnamese didn't have benzodiazepine in their kiosks, but they had steroids--Chinese steroids that were injectable. When a girl could not continue a pregnancy and she miscarried, or if she had several miscarriages and then became pregnant again, her mother or other women in the village would buy the steroids in the kiosk and inject her daily.

Q: Which affected the infant in utero?

A: Yes. I actually wrote a letter to the American Academy of Pediatrics alerting them to this kind of birth defect possibly resulting from taking these drugs.

Q: Did any of these civilian patients ever see Vietnamese doctors before you saw them?

A: I was seeing more than a few patients after they had gone through many layers of their own "health system."

The second day I was at Delta Med, I was asked to see a woman in a nearby village who was having a difficult delivery. The senior chief drove me in a jeep. The woman was isolated from her village in a small building used for births. That building stood on the top of a knoll and built higher than the surrounding flat countryside. Inside was a primitive bed where the women delivered. The woman I was supposed to check had already delivered by the time we got there and she looked fine.

The baby was lying on a table off to the side. I immediately saw two black masses about a foot apart. Both masses appeared to be moving--undulating actively, in fact. I couldn't figure out what these black masses were. As I went closer, I saw big black flies entirely engulfing what were two babies. I couldn't even see the babies' features including eyes or noses. I couldn't even see their chins or arms. The black flies were eating the placental membranes that came out with

the babies, as well as the waxy cheese-like white substance that coated the skin of the newborns called “vernix caseosa.”

The Vietnamese allowed these flies to seemingly overwhelm their babies. This was part of their culture--a friendly symbiotic relationship they had with black flies. I thought, “How am I going to examine these infants? I just assumed they were okay. They were actively moving and crying. The Vietnamese did not expect me to do anything more.

I then realized that my practice had changed. I became much more sensitive to their culture. It didn’t take too long before I recognized that getting this specific kind of insight into another culture was a gift. I was having this unique experience while my fellow doctors were not encountering it. They were treating only American and South Vietnamese war casualties. I, too, was taking care of the wounded, but I was also experiencing medical traditions and customs in a Third World country. What I learned that year would have taken me a century to learn anywhere else.

Q: You had never seen that kind of medical custom?

A: Never. I once removed an extra thumb on a young girl about 7 years old. It was grossly infected and the infection was spreading up her arm. The parents agreed that I could remove it, but they demanded that I give the thumb back so they could bury it on their ancestral land. Their thinking was that someday, hopefully years later, when she died she would be reunited with her thumb at her burial.

Another case involved a baby with pus in his eyes, which was diagnosed as gonorrhea. As in other instances, this child had the classical circular cloth pasted and applied around the umbilicus, the opening of which would be narrowed every day to make it difficult for the so-called “evil spirits to enter.

Q: What was the pasty material?

A: It was a piece of cloth or canvas with a gluey substance to adhere to the abdomen. They also employed a lot of cupping¹⁴ on the body and put onion flakes in the hair for fever. The Vietnamese put other material on the abdomen with Chinese writing because they felt the Chinese were the fathers of medicine. I didn’t want to compete with any of their beliefs. I just added modern medicine. I didn’t want to dispel any of their beliefs, thereby insulting them. My complementary system seemingly worked. I just added my own treatment by telling them, “This might help.” Again, I was not pushing Western medicine. I wouldn’t dare impose our Western medical practices on their traditional treatments or remove those village practices they trusted even more.

I asked my interpreter, “How am I being viewed among these villagers? What is my relationship here?” As far as they were concerned, I was not a physician in the same way we saw physicians in the Western world. I was just somebody who could communicate with the evil spirits.

¹⁴ Cupping is an ancient form of alternative medicine in which cups are applied to the skin to create suction. This therapy was and is thought to help with blood flow, inflammation, and pain.

Q: You were having success, and how did they explain your success?

A: Yes. I was perceived as a tool. I was certainly respected because they thought I did have this communication relationship with both good and evil spirits, nothing more.

Q: Did the Vietnamese see other Navy physicians--your colleagues--in the same way? Did those doctors begin to feel the way you did toward Vietnamese medicine?

A: Fred Figgs was also a pediatrician. He was soft spoken, very nice, and well liked. He ended up practicing for years in Arizona. Rudy Mintz became an obstetrician in North Carolina. They helped me with many of these children. I'm sure they were as fascinated with the cultural aspects of Vietnamese medicine as I was.

Q: Did you have enough antibiotics and other drugs to treat both your military and civilian patients?

A: I was always running out. I started to request more antibiotics through military channels. I then began asking those who were not in the military system for antibiotics. I contacted Yale New Haven Medical Center Pediatric Department. Those supplies arrived in big packages. It was Christmas every time! The Navy then changed the AMAL [Authorized Medical Allowance List] system so I could get more of the same antibiotics.

Q: You received a lot of your medical supplies from Yale New Haven Medical Center. How did you work that system?

A: I had just finished my senior residency at Yale New Haven Hospital. I would write the nurses at the hospital as to what I needed, such as antibiotics and pediatric needles. I wanted this new amoxicillin drug and also needed streptomycin. Yale sent me both. A butterfly needle is a very thin needle with a "butterfly wing" on one end to hold onto, making it easy to insert. Those needles were a big deal back then in the 1960s because we had on hand only large bore needles for adults. These large needles had to be destroyed after each use and could not be sterilized again because the fine metal would melt. But we introduced fine wires in each needle and sterilized them. It worked for us!

Q: What were the symptoms for blackwater fever?

A: I remember the first case I saw. I had never seen blackwater fever before. A corpsman showed me a child's urine. It was as black as coal, totally black. You couldn't see through it. We were observing massive hemolyzed blood--destroyed blood cells that were being broken down by malaria.

We saw many cases of bubonic plague. Several hundred children and adults showed up with cases of the plague. We put the stretchers on sawhorses, and I would go from one stretcher to the next. Many of the kids had large abscesses on their heads. They were covered with bites and had large clumps of missing hair on their heads. It was a horrible situation made worse by poverty and dirt. But examining them closely, I could distinguish those abscesses from the buboes¹⁵, which were always in the groin or axilla and were soft, large, and painful.

¹⁵ A swelling of a lymph node, especially of the armpit or groin, characteristic of bubonic plague.

The first bubonic case I saw was a young girl with a large closed soft abscess under her left axilla [armpit]. The abscess was not opened but it was very painful. She was febrile [feverish] so I figured her infectious disease was spreading. I was ready to lance it and/or give her some antibiotics. I had seen many cases like hers so I just assumed it was of bacterial origin, and routine antibiotics would take care of it.

My interpreter started talking with some degree of expediency. He was trying to convince me that something else was going on with this young girl's condition. His translation into English didn't make sense to me. He left and hurriedly came back with his Vietnamese-to-English dictionary. He squatted down next to the end of the stretcher. He then pulled on my fatigues and exclaimed, "Bac si! Bac si!" He pointed to this Vietnamese word in the dictionary that translated into the word "plague." He said he had seen this condition before.

I was silent for a moment. I said "Yes, it could be bubonic plague." My translator was able to differentiate between the multitudes of abscesses we saw every day. But this abscess was different. It was large, painful, and located in the axilla. I got a big syringe, a large bore needle, and evacuated all the pus. I asked the lab for a gram stain and sat down in front of the microscope. I saw swarms of gram negative rod-shaped bacteria that looked like safety pins on each pole, diagnostic of the plague. I had all the lab techs and corpsmen line up to see the findings, saying this is probably the beginning of an epidemic. It happened frightfully fast.

Q: Shaped like safety pins?

A: Yes, safety pins. The bacterium has a specific design to it that looks like a closed safety pin. I had seen pictures of it in the past, but the actual bacterium was spectacular. I observed so many that it was not difficult to make the diagnosis. I exclaimed, "It's the plague!" And I immediately admitted the child and started her on sulfa antibiotics intravenously.

This was one of five cases of bubonic plague that very first day. I told the CO and a few other doctors: "Something is happening here, and it's going to affect the war. It's going to affect everything so be on the lookout. I want to see any case that looks suspicious."

In one case, a kid, about 5 years old, had a little bite on his neck. Puss was oozing from the bite site so it was highly contagious. His throat had sheets of pus covering his tonsils so I put a mask on him. We weren't wearing gloves because we didn't have enough of them.

Later that afternoon another child was lying on the stretcher and seemed pretty toxic. He had onion flakes in his hair and on his forehead. I learned that kind of village treatment was to take the fever away. The bubo was located in the groin, and I saw what we had seen before--that white pasty, lime-like substance covering this boy's lower abdomen. Chinese characters were written on the abdomen to direct the evil spirits to save him.

Unfortunately, the young boy was semi-comatose, toxic, and septic. The disease wasn't just limited to the groin. I grabbed my camera, realizing that I needed to get a photo of this condition. As the flash went off, the kid had a grand mal convulsion. His whole body was convulsing. His mother had never seen a camera before. For the Vietnamese, a seizure meant that the evil spirits were in the body. She thought that this machine with a flash had put evil spirits in her son.

She grabbed the child and in absolute panic picked him up and ran away from the hospital in stark terror. He was a hefty child so he weighed a lot. She ran outside the hospital and toward Dong Ha village with her son continually having the seizure. Some Marines knew where her village was located. They drove after her with a couple of corpsmen. Later that evening, they told me the boy was back, but the bargain the mother agreed to was that she did not want me to have anything to do with her child. I was the only one taking care of these children and the wards were full. I simply walked by and just glanced at the child. His mother, who was squatting next to the bed, gave me the stink eye [look of disdain]. The corpsman, who had been assisting me, was pretty bright and used to the routine so he had the IVs in place. I told him to try certain antibiotics and some anti-seizure medication.

Later, I published an article on bubonic plague.¹⁶ Of the 154 children with bubonic plague, 50 percent had prolonged seizures. Febrile seizures in children with strep throat, pneumonia, or a virus were not uncommon. About 3 to 5 percent of the pediatric population experience what are called “febrile seizures,” but a good 50 percent of my patients had seizures that lasted for up to 24 hours.

I did not remove the onion flakes or the paste on the abdomen. I just added my medication to his treatment. The boy did fine. His mother never showed any nicety toward me and I didn’t expect any. I was learning cultural awareness day by day as I saw more of these patients. Every disease, every event had some cultural importance attached to it. That ethnic significance helped to explain our cultural differences regarding customs and sensitivity for medical treatment.

We discovered fairly soon that bubonic plague was resistant to sulfa. That resistance was also the pattern in the southern part of South Vietnam where some studies were published in the past. During the plague epidemic, I was getting mostly children although I treated some adults. We admitted all the children but the security policy was that the mothers couldn’t stay with their children. Children’s fevers might drop even while they were still seriously ill. That situation actually happened within 24 hours of the treatment. A mother would put her hand on her child’s forehead and skin. If the body was not hot, the mother would pull the IV out and take her child home. But she would bring him back again, not only with the fever recurring but most likely resistance to the original antibiotic used.

With bubonic plague, I was concerned that plague bacteria could build up resistance very quickly, and I risked running out of antibiotics that would be effective. The few studies I had available to me showed that the plague bacterium had unique capacity to develop resistance quickly to antibiotics.

Q: What medications did you have at that time?

A: We had only tetracycline, chloromycetin, sulfa, and penicillin. That’s all. Amoxicillin did not come on the market until 1972. It was a penicillin substitute. Sulfa was my primary drug but

¹⁶ Burkle FM Jr. Plague as seen in South Vietnamese children. A chronicle of observations and treatment under adverse conditions. *Clin Pediatr* (Phila). 1973 May;12(5):291-8. PubMed PMID: 4700730.

because of the resistant strains I encountered, I used streptomycin, chloromycetin, and tetracycline. Streptomycin seemed to be the most effective.

I also used combinations of these drugs--anything to get the job done. I learned that the bacteria causing bubonic plague were very vulnerable to antibiotics, as were other bacterial infections not ever having encountered antibiotics clinically. This was a population that had never experienced antibiotics. I used to quip, "If you wave the antibiotic under the nose of the bacteria, it will quickly die." That was the only benefit, otherwise the plague still had the advantage of building up resistance to the antibiotics rapidly. The mothers used the cessation of fever as their endpoint of treatment.

After visiting hours, the corpsmen herded off the family members. Every day some child was taken home prematurely, only to return the next day. And then the parent would demand that we take the child back into the hospital. I couldn't convince the mother that she shouldn't have taken her child home in the first place before he was completely well. While we first used the nurses to try to explain this to them, we were continuously frustrated.

They didn't understand bacteria or viruses. Those words were not in their vocabulary. If they didn't see something tangible, then it didn't exist. Simply, if you were well, you had good spirits. If you were ill, you had bad spirits.

One older child, about 9 years old, came in with an elderly woman. I didn't know whether she was the mother or grandmother. The child had the plague with a bubo in the groin. He had a high fever and was certainly toxic. I admitted him and started him on IV antibiotics.

The corpsman said that the woman, who had brought the boy in, had immediately gone from the bedside and was found roaming around the hospital compound. Even though the compound wasn't that big, we had to tell her to stay by the bed or leave. She was not very friendly. She didn't seem to relate to the child at all. We were treating three circumstances--this woman's personality, roaming around our compound as a security issue, and treating a very sick child.

The young boy stayed that night. She didn't stay because she was told to leave. The next day she came back, spending very little time with the boy, again casually roaming the compound despite the frustration of the nurse to tell her to stay in the ward. The nurses were equally frustrated and admitted that she was not very caring. When visiting hours ended, she was gone and so was the child. That night we got hit with rockets from her village. We knew the missiles were fired from her village based on the admission record.

But the very next day she was back with the child and demanded he be admitted. When the Vietnamese nurses talked to her, she was evasive. But the nurses confirmed she knew that we were hit with rockets. This happened repeatedly and each time I readmitted the child with a high fever. It had become a routine that was demanded by the woman. Again she showed no interest in the child who was sweet and needy. The nurses assumed she was at least a relative, but they were equally chagrined by her inattention. I tried once again and presumed it was her complete lack of trust in the Americans.

The last time when visiting time was over, I demanded that the boy stay in the hospital and she couldn't take him away again, adding that without the IV treatment he would die. The Vietnamese nurses interpreted what I had said. At the end of the day, the child was gone again.

He didn't come back. My interpreter and one of the nurses told me that he had died. The translation, however, came across that I didn't care about this patient and that I had sent him away. The villagers said I was to blame for his death. A cold chill went up my spine. One of the nurses told me, according to the villagers, that I didn't want the boy in the hospital. Any situation can be misinterpreted, especially in another language and culture. But I thought this circumstance was clear. She had taken the boy out of the hospital every day. It was the perfect setup.

Now, all of a sudden, the story was being spread around the Vietnamese village that I had killed this young boy because I didn't care about him. According to the local community, I should be killed. I wondered, "How did this ever happen?" I talked to my interpreter and some others, but they continued to tell me about word spreading throughout the villages. The child had died because I didn't care about him. I was sickened by the entire episode.

This incident happened in May or June 1969 before I was to leave Vietnam. Nevertheless, the higher-ups decided that I was never to leave the hospital because this time I certainly had a price on my head.

Q: How did you find out that you had a price on your head?

A: My interpreter told me. But it wasn't just me--the other docs also had prices on their heads. It depended on rank. But that was known since I had arrived. This time it was specifically toward me. My interpreter told me that I was the big "bac si." I was worth \$125. But that price on my head didn't make any of us nervous. It was just an interesting part of the Vietnamese culture. With the case of this 9-year-old boy, however, the VC put the word out that they wanted me killed. I was the mean man who killed the young boy.

I was well known because I frequently went into the villages to treat the locals. I had a reputation throughout the province. Other docs came and went, but I was the one who stayed and visited outside the base to treat the locals.

Q: Did any of the so-called "civic action programs" cater to getting rid of the plague vectors?

A: Yes. Rats were the biggest problem because they harbored fleas that carried bubonic plague. Children were the most endangered, and they got the plague more frequently. Kids under the age of 6 didn't wear anything below the waist. They spent most of their time picking stuff from garbage bins that housed rats.

I saw lots of rats, some as big as cats. They ran between my legs at night as I trotted down the walkways to the wards where most of the sick children were housed. I once saw a corpsman holding a dead rat by the tail. We had rats everywhere, but they were more prevalent during certain seasons.

The plague changed the war. We stopped getting battle casualties. It was almost like saying, “Oh! Let’s have the plague all the time.” It was either treating the troops or taking care of civilians. I was getting into the routine that I needed only a couple of hours sleep in a 24-hour period. I could fall asleep almost standing up. But the corpsmen were terrific. This period was, medically speaking, the most amazing experience of my life. We were working in the kind of environment that was exciting but also so exhausting. I did gram stains so I could figure out the nature of the bacteria and had a ballpark idea of their prevalence. But we always had the troop casualties.

I thought medicine was pretty advanced when I was in Vietnam in the late 1960s. I had a big diagnostic challenge with every case--the plague, blackwater fever, cholera, malaria. But I lacked some necessary equipment. We just had a field x-ray and limited laboratory equipment, such as a CBC [complete blood count]. I could do my own gram stains. We were able to do the thick and thin smears for malaria because some of our troops had malaria. In Vietnam, we had to put together clinical acumen, history, and a wartime infrastructure. And only then could we come closer to a diagnosis.

A 5-year-old kid was brought in who looked fairly healthy. If I moved his limbs or told him to sit up, he’d have excruciating pain and turned pale. I was puzzled. I considered meningitis but he had no fever. When I asked him to lie down, he didn’t look that bad as long as he didn’t move. His white count was within normal limits. Did he have osteogenesis imperfecta in which the bones were brittle right from birth? But he had gotten this far without any fractures.

I sat on the edge of his cot and wondered, “What am I missing?” His knees were very tender but x-rays of the knees revealed no fractures. He had nickel-sized bruising spots on several areas of his body, but kids have bruises all the time so these spots were not unusual. Gordon Phillips, the orthoped and CO, looked at him but couldn’t find anything wrong. I trusted him. I sat by this boy still very puzzled.

In the morning, I decided to do a spinal tap which was negative. Crystal clear fluid came out. I did the microscopic myself. He had no white cells so no meningitis. Could it have been a tumor at the base of the brain? But then I questioned, “Why the small bruises?” And it flashed to me. I wondered if this kid had scurvy, lack of vitamin C. I realized that in Vietnam scurvy was rare because they had rice, papaya, and other food sources that protected them from this disease. But these were starving children without stores of Vitamin C in their livers that normally protect adults.

I got some Berocca C that was available in IVs. I’m not sure doctors even use it anymore. It’s just vitamin C in normal saline. I started giving it to this young boy. Within 12 hours he was totally free of symptoms. I asked Gordon Phillips to look at him again, and I exclaimed, “Guess what? It’s a case of scurvy!” This 5-year-old child was one of several scurvy cases I saw in Vietnam. Review of the x-ray did suggest some slight elevation of the periostium around the knee, the other indication that would have helped.

The Vietnamese always had enough food and fresh fruit. But the war disrupted all the rice and fruit production. This was the first of three cases of scurvy. The latter two had tongue lesions, an added sign of the disease.

Q: Even in our culture, when do you hear about scurvy?

A: Never.

Q: Except in the 19th century aboard ship.

A: Right.

Q: When you think of scurvy, the sailors' disease, you think of teeth falling out and gingival problems.

A: Exactly.

Q: The fact that it even occurred to you is very interesting. You had ruled out everything else.

A: Yes. Back at an academic center like Yale, physicians would have questioned my diagnosis, saying it had to be something else. But the answer lay in associating my diagnosis with what the war was doing to the Vietnamese economy, the agriculture, and the culture itself.

When I worked in Africa in the 1980s, I saw small epidemics of scurvy. The local doctors had answers to cases that we Westerners wouldn't have even considered. In African countries where fruits and vegetables were plentiful, those regions also had epidemics of scurvy. Many of us had never seen cases of scurvy before. The Vietnamese were able to grow fruits, but then the war came and they couldn't grow citrus anymore. People were growing just enough rice to feed their family so they didn't have any surplus to sell. They used to ship rice down from Dong Ha to Quang Tri and Hue. But President Thieu essentially demanded that everybody pay taxes for what they grew, and so the Vietnamese stopped growing citrus.

Q: Was there a risk treating civilians? How could you tell who were VC or VC sympathizers?

A: Our security was conducted by our own Marines. Everybody was searched. An older woman tried to bring in this really cute toddler. But at the gate our security found that she had put two grenades attached to straps holding up the toddler's trousers. That older woman was obviously not his mother or grandmother.

Q: She was VC?

A: Yes.

Q: She put grenades on this toddler and brought him in?

A: Yes. You couldn't help loving these kids. I once looked at a kid's throat and saw worms coming out his nose and mouth. Every ear infection I saw had reached the stage where it had totally eroded the eardrum.

Q: You've talked about seeing all types of tropical diseases and even having to deal with tetanus. Did you ever run into rabies in Vietnam?

A: Some Marines would state that they were bitten by rats. They would come in every morning, and we would have to inject the rabies vaccine--seven shots up one side, seven shots down the other. The treatment took 14 days.

Q: Injections in the abdomen?

A: Yes. Subcutaneously above the main muscle in the center of the abdomen. One day when I was on duty, a young black Marine approached me who immediately seemed intelligent and engaging. I talked to him and got his medical history. He was very convinced that he had been bitten by a rat that morning. This was the usual story often used to get out of going on patrol. I said, "I'm not here to doubt your word. It doesn't make any difference. I have to give you this 14-day treatment." He was very cooperative--no signs of hostility. And over the next two weeks we developed a collegial relationship.

He was from New York and had been drafted. You could get drafted into the Marine Corps then. He was a student at a major New York City college majoring in sociology. He had aspirations and dreams. I was pleasantly buoyed by the whole situation. I told him about my family and growing up in Connecticut.

He was a short-timer. He had only a couple of more weeks to serve before shipping out for home. He didn't have to go out on any more missions. But the Marine Corps certainly pushed their men up to the last minute. So he left my office one final time. I wished him luck with his career and college. I was learning something from this friendship because I had never had a relationship with any blacks.

A week later, I went over to Graves Registration after a lot of the casualties had come in. As one of our duties as physicians, we assisted Graves Registration by trying to match body parts. I would see piles of heads, half a head, torsos without limbs, torsos without heads, and many limbs. The Graves Registration guys were amazing. They were dedicated but they kept to themselves.

On top of this pile of torsos was an exposed upper body with black skin. You could see the area of fairly recent shots for rabies. I recalled my friend, the black Marine, but never made any connection. And then I saw the stacked heads. They were separated from the torsos at various angles. Severed heads in combat happened more frequently than people thought. His eyes were shut and his face was on its side. The attached shoulder matched what was missing from the torso. It was my former patient, my one black friend. I stood silently in that room. I went to a Marine and matter-of-factly said, "That head goes with a torso in the pile over there." I brought him over to show him what head went with what torso. He never asked me how I knew. He just said, "Thanks, Doc."

I cried walking across the helo pad to the triage entrance. I can still see his face. I also knew that the one dentist we had left at Delta Med would be spending hours getting impressions of the teeth to match to the medical records they have on each casualty. I later stopped by to see Lt.

Glen Schultz, our dentist, who took the story in with studied interest but left any further discussion alone.

Q: Tell me about the Air America incident.

A: Civil Affairs worked in different villages. This was the part of Vietnam that was totally different from the rest of the country. Many North Vietnamese Catholic refugees came down from the communist North when the Geneva Accords were signed in 1954. We had about 40,000-plus refugees living in poor villages or makeshift camps.

The Civil Affairs personnel had built schools. They had also constructed some facilities at Quang Tri Hospital. Their biggest project was to combine Delta Med with the children's hospital, and then they would eventually build a permanent children's hospital at Dong Ha.

The villages of Cam Lo, Dong Ha, and Quang Tri each had a Catholic priest. All these priests actually got out of Vietnam but have since died. We got much of our intelligence from these priests.

It was a dense population and the villagers were subjected to Agent Orange. Using this herbicide as a warfare program was not a pretty part of the Vietnam War. Very little rice and other crops were being grown because of the heavy taxation and Agent Orange being sprayed over these crops. It was ugly. We called Dong Ha "the armpit of Vietnam." The landscape was more beautiful down toward Phu Bai, Monkey Mountain, and Hue. As I said before, much of the war had taken place in our area.

Q: That was in the I Corps.

A: That was I Corps. Northern I Corps was a bad place. We were actually north of Khe Sanh, which was west of us and about 12 miles south of the DMZ. We were five miles south of the DMZ.

It was a small area of the country but the fighting and bombing were intense. The topography got flatter where we were, but in the distance we could see mountains that eventually bordered Laos, about 32 miles away. We were located in the narrowest part of Vietnam.

One day a helicopter came in to report a case of smallpox in one of the villages. But this chopper had different markings. It was Air America with civilian pilots. I had never heard of Air America.¹⁷ We flew into this small village, but I didn't see anyone except an older male and a girl about 10 or 11 years old. The villagers had obviously escaped for the day.

The girl had lesions on her face and chest, a condition that could be smallpox. However, she was not acutely ill and had fresh lymph nodes in her neck which is not a sign of smallpox. I felt it was clearly monkeypox,¹⁸ but I didn't tell her and her father. I told the Air America guys I doubted it

¹⁷ Air America was an American passenger and cargo airline covertly operated by the Central Intelligence Agency [CIA].

¹⁸ An infectious disease caused by the monkeypox virus. The disease was first identified in laboratory monkeys, hence its name.

was smallpox but added, “Just in case I’m wrong, why don’t you keep the village isolated for now. Don’t let anybody in or out and we’ll see.” Monkeypox itself does spread. I thought it best not to push my luck if many others got it and became more ill than her. Somebody from the medical staff was to report back to me after I returned to Dong Ha. Air America informed me that this young girl was now well. It was not smallpox but, nevertheless, everyone was temporarily frightened. And I was relieved my diagnosis was correct.

Q: It would have changed the whole situation had it been diagnosed as smallpox.

A: Certainly yes.

Q: In what way?

A: It would have spread like crazy.

Q: Was smallpox endemic to that area?

A: That part of the world still had smallpox. Those who had survived it most likely had auto-immunization, but they weren’t immunized for it. And remember that war and chaos bring out infectious diseases, whether it is bubonic plague or other dreaded diseases. And I saw other diseases.

Tetanus was one of those diseases. I had a kid come in with lockjaw. His nose was flaring because he couldn’t open his mouth. He was hyperventilating through his nose to get enough oxygen. He had tetanus causing the lockjaw, but also had severe muscle cramps and spasms in his muscles called “tetany.” This condition comes from hyperventilating so much that the carbon dioxide level drops down. So he had tetanus and tetany. His leg wound was enormous. It was obvious that he had stepped on something a while ago and it was now large and festering.

I put in IVs and gave him large doses of penicillin and tetanus toxoid. By the next morning, he was much better. I think he recovered so quickly because it was a tetanus organism that had never been exposed to any antibiotics. This kind of rapid recovery did not go unnoticed by the nurses. Word of everything I did to treat children spread around Quang Tri Province like wildfire.

I saw a lot of coordination when we got hit and other towns were hit, like during Tet [celebration of the lunar New Year]. The villagers were with us if they could benefit from a situation, but they were not with us if they didn’t benefit in any way. We didn’t see that strategy of winning the hearts and minds of the Vietnamese. That concept was a big fallacy.

Vietnam also had a number of leper colonies known to the VC as a place to hide. Many were run by French Vietnamese nuns for the Montagnards. Many of the priests took care of the lepers. The Viet Cong actually had their meetings in leper colonies because nobody wanted to infiltrate those colonies.

Q: You said earlier that Delta Med was very vulnerable to attack because of its location.

A: We were at Dong Ha Military Base, and Delta Med was between the inside and outside perimeter. We were right next to Route 1. The base towers were behind us and so was the Air Force's radar station. The VC wanted to hit that radar station and therefore they hit us, too.

Q: What do you remember about the night you were hit and injured?

A: We had a tower behind us and a tower right next to us. Right next to the helicopter pad was the end of the famous North-South Railway that went from Saigon to Hanoi. The railway is now connected but it wasn't linked then. Everything was clumped together in that area.

We were shelled a lot. When we took incoming fire, everybody went to the bunkers. We put the casualties in our triage bunker if we were under attack. When choppers were coming in, the enemy would fire on us. We didn't hear the shells but then all of a sudden we would hear someone shout, "Incoming!" Within seconds, rounds started coming in. We were taking care of casualties when we got hit in September 1968.

I was working on a Marine with a chest wound at the time and had to insert a chest tube. We had the casualties on stretchers on the floor while we had the incoming. So I put a chest tube in and attached it to suction. Then we waited for the choppers to come back in during a lull in the incoming in order to place them on the choppers going to the hospital ship. I clamped off the tube for the trip to the hospital ship. As the chopper was arriving, the corpsmen picked up the stretcher off the floor to rush him to the helo pad. One of the corpsmen inadvertently stepped on the chest tube and out it came from the chest whipping across the cement floor. Back on the floor went the stretcher. I shouted, "Give me another chest tube!" The corpsman looked around and said, "Don't have any here. They're all in surgery." Everyone had already escaped to their own protected bunkers.

I didn't have any choice but to wipe the tube off on my fatigues, and put the tube back in. I took some 3-0 silk suture and tied it very tightly. With the chest tube in, the patient was breathing fine.

Then I gave the hand signals. They picked him up and ran out. The chopper pilot was very angry because he had been on the ground too long. The chopper finally lifted off.

I ran to the entrance of the triage bunker. Since it was on the way to my hooch, I went through my hooch to grab my helmet. I walked out the other door, which was five feet from one of the two entrances to the triage bunker. Both entrances were L-shaped. We went in by making an abrupt right-hand turn because if a rocket hit from the outside, the resulting explosion blast wave wouldn't enter the bunker itself.

I then heard something coming in so I dived just outside the triage entrance. Big corrugated metal surrounded the entire Delta Med complex on the inside and outside. But the entrances were also corrugated metal. I did not have my helmet on yet or it fell off when I dived, but I never hit the ground. I remember actually seeing a reverse tornado, something like a funnel coming up at me. The base was the wide part and it circled upward. The impact was like being hit by Mohammad Ali. I don't believe I was knocked unconscious, but it was as if somebody very solid had belted my head.

The rocket struck the chief's corrugated hooch's roof next to the hooch where I lived. I then crawled into the rest of the "L" and turned left. Everybody was taking care of the casualties. I stood up and all I heard was a hollow whooshing sound. People were talking but I couldn't hear anything. I thought, "What's going on?" I was right next to the first casualty. On the wall nearby were shelves containing the IV bottles and other supplies. Someone pointed toward the shelf, obviously wanting me to grab an IV bottle.

Stunned as I was, I had to put two and two together, but I wasn't exactly seeing reality yet. I grabbed the IV bottle. Behind the IV bottle was a big black thick snake with narrow white stripes. It was undulating slowly. I just stood there looking at it. I hated snakes. We had five cobras, two king cobras, and two-banded kraits in our compound. These venomous snakes lived in our underground bunkers.

And so the corpsman pulled me around and took the bottle. Somebody must have then realized that something was wrong with Doc Burkle. I was pushed over into a nearby corner of the bunker to sit down. I don't remember what happened. Somebody took me to my rack. I slept for almost 20 hours. The next thing I remember was having Bob Farkus look in my ears. He said I had blood behind my right eardrum, but the other seemed to be OK. I could not hear and the tinnitus was remarkably strong.

Q: Both ears or just the one ear?

A: Clearly the right ear was initially worse. I heard the rather dominant whooshing sound, though. I'm sure I had some hearing loss in both ears. The reason why combat veterans have so much deafness is because the cochlea is right at the outside of the skull so it is going to be involved with every blast. What concerned me as well was that the roof of my mouth was very painful. For the next two weeks, I felt all the teeth in my mouth, and then some fillings fell out. When I came back from the war, I saw a private dentist. I never saw a dentist at Delta Med. The civilian dentist had to replace six fillings.

Q: The fillings actually loosened up in the teeth?

A: Yes, the metal fillings. These blasts produce high-velocity waves that do most of the damage. It's not so much the blast but rather the high-velocity waves that go through the victim. I heard an explanation of this many years later by an ENT [ear, nose, and throat] specialist at Tripler Army Medical Center in Honolulu. He was very interested in my case because the vibrations went through the good part of my teeth at a different rate than through the fillings. So the vibrations loosened those fillings. And this occurrence is consistent with what we saw in Vietnam. My hearing returned in my left ear but was always less in my right. Unfortunately, some blood accumulated in my left eye and remains as small clots there today. My eyesight is like looking through an uneven gray-black veil, impacting my reading. My condition is especially magnified when the print is on a white background.

I recall two Marines were shot in the dorsum [upper part] of their foot by AK-47s. Everybody was concentrating on those injuries. But these men also had abdominal pain, and both had ruptured livers. The bullet hits the bone so the bone transmitted the vibration up the leg. The least dense part of the body is the bowel so the vibrations go through easily. It happens in

milliseconds. Slightly denser is the liver. So it fractured the underside of the liver in both of those cases. We had to know about ballistics and wounds. What I learned being in that combat environment is what weapons could and couldn't do.

Surgeons who live in metropolitan areas will see wounds usually gunshot wounds. But they don't necessarily know how to treat war wounds from explosives--the blast injuries. War wounds are totally different because troops are using high-velocity ammo. If you get hit in the head, chest, or upper abdomen by an AK-47 or an M16, you're dead. They're small bullets but they're high velocity, and it's the velocity wave damage that kills you.

The bullet goes in leaving a very small wound, and we often had to search for it--but the exit wound is big. And when we debride the wound, we had to debride the entire wound channel to the size of the exit wound. When I later served at Al Khanjar in Iraq during the Persian Gulf War, the doctors didn't even know that technique. I had to tell the surgeons at Al Khanjar about this procedure. I was surprised to learn that the bulk of Navy doctors didn't even know that about high-velocity wounds or the guidelines. I had learned that debridement procedure in Vietnam.

Q: You learn by doing and observing.

A: Yes. By both. Then you teach it to someone else.

Q: Observation.

A: Right. War produces a totally different scenario that is dominated by high-velocity weapons. Nothing was simple. I never saw people treated so well for emergency medicine practice. It wasn't even a specialty then, but everybody was so coordinated and collaborative. I experienced a great deal of honor and pride in being part of this team, along with Bart Slemmons, Gordon Phillips, Bob Roe, and the corpsmen. I really loved and admired those corpsmen. They were so modest and humble, and all were well educated.

Our pharmacist mate seemed bookish, and I thought that he had never done anything in the field. Then somebody told me that this corpsman was actually in a firefight, taking care of casualties. At one point he turned around and saw a North Vietnamese soldier about 10 feet away just staring at him and pointing his AK-47. Being a corpsman, he did not carry a rifle. The corpsman thought, "Okay, I'm going to die." The NVA pointed his AK-47 at him, but then lowered it and shot the corpsman in the knee.

Q: Did you ever get any R&R during your year in Vietnam?

A: I didn't have any R&R for 10 months. I probably needed it. I was going to meet Phyllis in Hawaii the spring of 1969. It was a rushed R&R visit.

I got the very last seat on the plane. It was nerve-racking. Because I had not received her letters for such a long time and she had been ill, I knew it was going to be a strange reunion. Less than three months later I was supposed to come home.

Q: How did you get along with your fellow physicians?

A: I think about contradictions, the insanity of the decision-makers, and those who rule. When you're in the field, you certainly see closeness among soldiers. From the medicine side, I

observed that same like-mindedness among the doctors. We were quite different in religion, politics and law, all of which varies from country to country and even within the same country, but medicine is practiced the same the world over no matter your nationality. Medicine is a different kind of fraternity. I often quote Sir William Osler who in 1906 at the Johns Hopkins University School of Medicine graduation, said, "Medicine is the only worldwide profession, following everywhere the same methods, actuated by the same ambitions, and pursuing the same ends."

Q: Sometimes you would treat children who needed more sophisticated care than you could provide.

A: I saw three children all with congenital heart problems but all were reparable lesions. I knew they all would greatly benefit from heart surgery and we were certainly incapable of providing that kind of specialized surgery. So I worked with Civil Affairs and they coordinated with an NGO. We saw only the mothers--never any fathers. The fathers were either dead or fighting on one side or the other. I didn't know where the kids were going to go in the United States. We found out later that one girl had massive parasites and was in cardiac failure when she arrived in the U.S. Her surgery was delayed. She would need surgery and a long recovery time. While it took a long time to get her in shape for the surgery, the surgery went well, and she was sent to a family south of San Francisco to recover. But you couldn't explain this to the mother at the time. These Vietnamese didn't even know about the Atlantic and Pacific oceans. They didn't know the world was round or had time to care about those facts.

Months later, word got around Quang Tri Province that "Bac si" Burkle was leaving. The girl's mother showed up and asked if her daughter would come back before I left the country. I replied, "Well, we'll try to find out." Then two days later she came back in tears. She said the VC told her that when I left, her daughter was going to be my slave and servant, and she would never see her child again. The situation was similar for the other two children so it was expected they would all return at the same time. But you couldn't explain this to the mother at the time. Their life revolved around the war and family survival.

I was supposed to go home in two weeks. I found out that the CO, Bob Roe, wanted to see me. He was absolutely livid. He said that the Marine colonel on the base really lit into him about me sending these kids back to the United States. He told me, "The Vietnamese, probably encouraged by the VC, are going to have a demonstration outside the hospital tomorrow. They are going to demand that you remain a technical hostage until those kids came back." I responded, "Bob, this happened way before your time and I was assisted by Civil Affairs." I apologized. He added, "They're sending a chopper in tomorrow at 5 a.m. and you're going to be on it." That's how I learned I was going home two weeks early.

Q: What was the date you left Vietnam? Were you in Vietnam an entire year?

A: Yes, for a year. I was ordered to leave on July 7th. I was supposed to leave two weeks later, but I left on July 7, 1969. I remember the night before I left. I had a very small living place with just a cot and two feet of space. I lived with sandbags and a little shelf. I had no light. I sat down on the edge of the cot and just couldn't believe it. I wanted to be sure this was actually true. I was going to leave tomorrow. I was exhausted. I sat in my hooch in the very dim light trying to figure out what I was supposed to do. Where will the flight go? Maybe down to

Danang. Nobody knew much. It depended a lot on Nixon's [President Richard Nixon in office 1969-1974] plans for Vietnam.

As I was contemplating leaving this place and finally heading home, I felt some movement on the floor next to my right foot and then some pressure on my foot. Over the side of my foot I saw a big black, thick-bodied snake with some white markings. I watched helplessly as it disappeared, slowly slithering by and into a hole between the sandbags.

About two weeks earlier, I had heard a gunshot. Everybody rushed out to the helicopter pad to see a black banded krait that somebody had shot. Some Marines said that the banded krait is the worst kind of snake. I assumed that may have been the snake that was on the triage bunker shelf the day of the blast injury. I realized that I had been living all this time with a deadly banded krait.

Q: One of the most dangerous?

A: Yes, compared to the cobras. The reason we had so many cobras was that cobras mate for life. When one is killed, the other cobra would slither back to that same point. Someone took a picture of me holding up a dead cobra's hood and that took some courage!

Q: This is the night before you're ready to leave?

A: Yes. I just sat and watched the snake, but I didn't feel any fear. Exhausted, I really did not feel the snake had any interest in me. I remember eventually falling asleep. I didn't have much to pack.

The chopper came in right at 5 a.m. I was the only passenger. We went to Phu Bai, refueled, and then they dropped me off in Danang. I didn't know what to do except go to the NSA [Naval Support Activity Station Hospital] in Danang. I saw the guy I was with at Marine Corps Base Camp Pendleton. Finally, I went back to the airport and got a ride to Okinawa where massive numbers of troops were sleeping in hallways awaiting flights home. My orders were dated two weeks later so I would have a prolonged wait.

I was sick at that time, a respiratory condition. I had a cough and low-grade fever. I did not want to report in fear my flight home would be delayed. I had been well all the time I was in Vietnam, never even contracted malaria. But I had something in my chest. So I made quick friends with a couple of Special Forces guys who, at some point, had had a great experience with a doc. They took me under their wing. And with those guys, we hitched a flight to Yokota Air Base in Japan. When we got to Yokota, I had to get off for a one-star general and his aide. The whole plane was filled with teak furniture going back to some colonel. After getting kicked off that flight, I thought, "What the hell am I going to do now?" But I got back on the same flight after someone conferred with the general. We boarded a flight to Fairbanks, Alaska, and then we were to go on to Dover AFB in Delaware.

Q: Who pointed his finger at the general?

A: The Special Forces guy. I knew that they were talking about me. And I was allowed back on.

Q: Was this an Air Force C-141 Starlifter?

A: Yes, a C-141.

Q: I know at some point that Delta Med hospital was turned over to the Army.

A: The Army doctors were going to replace us. The Marines were going to be withdrawn from I Corps and replaced by the Army.

Q: And then the Army would run the facility?

A: Yes. But they already had their own facilities that were air conditioned and staffed by nurses.

Q: They had Army nurses?

A: We didn't have nurses. I don't know what happened. It was a slow process. But the Army took over with some Marine advisors.

Q: When?

A: By the time the facility was taken over in 1972, the 3rd Marine Division's operations up in I Corps had tapered off.

I want to write a book someday entitled *Water on the Moon*. When you're near the Equator, the moon is different. The moon is massive. It depends on how the light refracts. Even as a child, I was fascinated with the moon, trying to get people to explain it to me. I was a curious kid. All the Apollo flights that went around the moon and then landed on the surface occurred between 1968 and 1972. NASA had plans for Apollo 11's lunar module to land on the moon in July 1969 with Neil Armstrong the first man to step onto its surface. But I know that a lot of Marines I worked with didn't even know about the landing. They were in a totally different world with only a rare *Stars and Stripes* outdated newspaper. You didn't know what was happening in the world unless you got letters.

Certainly, the Vietnamese revered the moon. But many apparently believe that after they die, they go to the moon or some other place--Utopia.

Our Vietnamese nurses were great, but they really weren't trained and only knew basic nursing skills at best. They cleaned up the wards and the kids with great affection, and we tried to teach them certain procedures, but they had had only a two-week course at the provincial hospital before coming to us.

When I came out of the wards one day, I saw the nurses congregating at the north entrance to Delta Med's compound. There seemed to be heavy pointed discussion with something in the sky. When I walked over to where they were gathering, they pointed skyward. I saw this absolutely perfect round circle cloud as if somebody had blown a circle with cigarette smoke. It was massive. The circle was coming down from the north. They said Ho Chi Minh had died.¹⁹ Several nurses had decided to leave work and hurry home.

¹⁹ Ho Chi Minh [1890-1969], president of the Democratic Republic of Vietnam [North Vietnam], died on September 2nd.

I thought it was fascinating. I was with a mix of nurses and custodial workers. When my interpreter showed up, I asked, “Where does a soul go?” Through my interpreter, the nurses described what a soul was. A soul is the non-physical part that would go or leave after you had died. They said Ho Chi Minh would go to the moon. I asked, “Why?” They were confused because I didn’t know why. This conversation went on for quite a while. The nurses said the dark parts of the moon were large areas of water. They said the soul needed water.

Q: On the moon?

A: On the moon. I almost said, “You know we’re going to send a rocket to land on the moon,” but then I thought otherwise. I later heard that when the moon landing actually happened, many of the Vietnamese were insulted by this life-changing event, calling the landing a lie. They did not believe the moon landing had happened. They thought that the landing was just propaganda from the U.S. They had no sense of infinity or long distances. The moon was up there. They didn’t know it was a round body. They could just see it. For them, the moon was just flat.

When I got home, it was just a matter of weeks when Armstrong stepped out onto the moon’s surface [July 20, 1969]. I have a photograph of our TV at our parents’ home showing Armstrong stepping off the LEM’s [Lunar Excursion Module] ladder. And I thought, “I wonder what’s going on in Vietnam?”

The moon seems to have popped up into everything I’ve done--even when I served in Iraq in 2003. The moon is a subplot to everywhere I went--including the most undeveloped countries I worked in. So this subplot has continued all the way through my life.

We never knew about the culture of Vietnam. I tried to learn about the Vietnamese culture because I had to work with these people. And it was fascinating how they viewed life. I think that observation applies to what I experienced in Vietnam.

Q: So you’re back from Vietnam now and you ended up at Dover AFB in Delaware?

A: Yes. My father was so pissed off that he had to drive down to Dover from Connecticut. I knew the tension between us would arise as soon as I got off the plane. I don’t think my father said hello to me. I thought why am I even back? And sure enough, it was a terrible trip back from being picked up at Dover. I had a handlebar mustache so my two kids didn’t recognize me. Then I was assigned to Naval Hospital Newport, Rhode Island, so Phyllis and the kids, and I at least had a chance to become a family again.

But there was a real urge to go back to Vietnam. I was the kind of physician I wanted to be for the first time. And the diseases and diagnostic challenges were fascinating. I realized that I loved that kind of medicine. So I had mixed emotions about leaving. I went to Vietnam weighing 185 pounds. But I came home weighing 142 pounds. And I experienced some depression. And I also had terrible diarrhea, abdominal pain, and the usual full tests for parasites. After all the exams, no medical condition showed up to reveal why I had this abdominal pain.

I spent a lot of time moonlighting at the emergency department at nights and weekends in Newport because the ER needed my skills. I remember my first night in the ER at Newport Naval Hospital, a small ER. The nurse in charge was really a ball-buster. But one of the ER personnel who was employed at this particular ER was a guy I had worked with at Dong Ha. He actually got a medal for inserting a trach using a government pen--the black jacket part. He put a pen in and saved a guy's life. And here he was mopping the floor for this nurse when I walked in. She was berating him and calling him names. And I thought, "What a damn world."

Q: He was the same guy?

A: Same guy. Yes. What a difference. And the Navy wanted me to stay in. I was going to do my surgery in the Navy. But I had a spot with Yale if I wanted it. Yale called and asked, "Are you coming?" I responded, "I just don't think I can do the shifts. I just don't have any energy anymore. I think something physically is wrong with me, but I don't know what it is. Doctors can't figure it out." I was trying to make up my mind. I decided to take a fellowship at Harvard.

Q: Abdominal pain?

A: Yes. I used Demerol. You could prescribe that stuff for your family and yourself back in those times. So I took it to get rid of the pain, and it helped a little bit. But the pain went on for about three or four days during a trip back to Connecticut. The pain got so bad that on a Sunday morning I called an internist. We had done our residency together at Yale. He wasn't on duty but his partner was. He was an SOB. I said, "Look, I have this abdominal pain." He responded, "Go to the ER." He was very upset that he had to be bothered on a Sunday.

My orders were already in place for an x-ray. Of course, it showed that I was terribly constipated because I had taken Demerol. He came in and never even gave me an examination, but just started yelling, "You're constipated! That's all." He didn't even recognize that I'm a physician with half a brain. I walked out of the ER and Phyllis drove us back to Boston. We had a station wagon and I lay in the back because I knew I was really sick.

When we got back to Boston, I called my fellowship boss. He said, "I'll have you see a gastroenterologist tomorrow." They were wonderful people. What I had was pancreatitis, which is a bad disease, suffered mostly by alcoholics or someone with a tumor. And that's really severe pain. Yes, I was constipated because I was taking Demerol, which is one of the treatments for pancreatitis.

The dye tests showed I had a belly full of hookworms that caused the duodenitis [inflammation of the duodenum] near the pancreas, which then caused reflux into the pancreas. Only about four or five cases have been written up, and I'm one of those cases. The doctors finally gave me medicine used to treat the hookworms. But the only available treatment was what vets used on dogs. This same treatment used for humans had caused side effects, but doctors prescribed it anyway. I passed a hell of a lot of hookworms. And then I started gaining weight and the depression went away. You can certainly get depression from parasites.

I began to feel better immediately. By that time, however, I was in such financial straits that I had to go into practice in pediatrics in Connecticut. I never really liked it because I dreamed of

doing Tom Dooley humanitarian work. But I kept that secret and the pediatric staff members were all wonderful to work with.

Then I went to Berkeley for my master's degree in Public Health. I decided I was going to become qualified in global health. Someone will hire me, perhaps the World Health Organization [WHO]. I interviewed with WHO but they stated they were unable to hire Americans. Maybe I could work with an NGO or with the Red Cross, the organization which I did my first humanitarian work with at Delta Med in Vietnam. So that started my career. But it was hard because nothing really defined "global health," and it was not an actual profession then. You made your own way. I had to balance my career by still having enough income for the family. The people who were doing global health were primarily academics. They could take time off. And so I went into academia and then rotated up to six months at a time in global work.

Vietnam 1975: Operation Babylift

Q: How did you end up going back to Vietnam?

A: I was studying for my master's degree at the University of California Berkeley in public health in 1975. At that time, we all recognized that Vietnam was rapidly collapsing. Quang Tri Province had been taken over almost two years before. The North Vietnamese Army had invaded the south, and NVA troops were moving much faster than anticipated. It was early April. I got a call from a dentist outside San Francisco, who had been asked by World Airways and the U.S. government to send a team to Saigon to evacuate some of the orphans. I don't know how he got my name, but this dentist asked, "You were there?" I responded, "Yes. I ran a children's hospital close to the DMZ from 1968 to 1969 and spoke some of the language."

He then requested, "Would you be my medical director?" I agreed and then told my department professor at Berkeley. But I was instructed not to tell anybody else where I was going. I would be gone for about 10 days.

We took off from Oakland on a World Airway 747. World Airways' biggest business back then was to do the Hajj in Saudi Arabia and other charter flights.²⁰ The plan would be to land in Saigon and take out a large group of orphans. When I got aboard, I looked around to see the other medical personnel I was going to direct. I noted 13 nurses, 13 doctors, and 26 flight attendants, most of whom were nurses or who had nursing experience from World Airways. A number of the physicians were pediatricians I had never met. That's when I decided that we would make the first class section the intensive care unit for the sickest kids. That was my personal choice due to space. The seats were still in place so we would have to put the babies in boxes on those seats.

The flight was uneventful until about two hours outside of Saigon when the pilot announced we were not being allowed to land. The North Vietnamese had advanced rapidly and [Nguyen Van] Thieu, said he was not permitting any more children to leave. They were going to fight to the last person. Besides, Saigon was surrounded and no more commercial flights were being allowed

²⁰ The Hajj is an annual pilgrimage to Mecca for Muslims.

into Tan Son Nhut Airport. So the plane turned around and we landed at Clark AFB in the Philippines. Everybody got off. We were exhausted. The flight attendants needed to restock. I got off and was introduced to two men nearby who were associated with a Scandinavian humanitarian group, an international NGO.

About the same time, another plane, a Flying Tigers 727 aircraft,²¹ had just landed. In the back of the plane lying on thick padding material, which was used to protect cargo, were about 30 infants and toddlers. This same airplane had brought them out of South Vietnam. The children were unaccompanied, and none had name tags or any other form of identification. The pilots of this 727 said they were planning to go back to Cambodia only this time on a larger DC-8. Also on the tarmac was Ed Daly, the president of World Airways. He, too, arrived from Saigon after his rescue attempt flight from Danang Airport. He was aware that many orphans still needed to be evacuated. He arranged for the DC-8 to try to land at Tan Son Nhut in Saigon before going on to Cambodia. He asked if I was willing to go.

We immediately met with the Scandinavian humanitarian group on the tarmac where the NGO representative asked me to accept a second task: to track down and deliver four packets, each containing “good faith” \$3,000 cash plus promissory notes totaling thousands of dollars. The packets had lists of many persons who were to be evacuated from Saigon. Unfortunately, money, which was previously sent to Saigon as bribes to get families out, just “disappeared,” leaving families stranded at the boat docks. The potential evacuees were told to show up at the harbor at a certain time where boats would be waiting for them. But no boats showed up. And that’s why the bribe money stopped and the promissory note system was substituted. The representative from this Scandinavian NGO explained that I was to make contact with the people in Saigon whose names were on the packets. I was to clarify that if the people on the list made it out, and if the person who worked the evacuation exchange came to the U.S. himself, then the promissory notes would be honored. That person would subsequently receive the additional cash.

We then learned that President Thieu would allow only orphan children under the age of 6 to be evacuated. Once it was decided that I would go back on that DC-8, I gave orders to remove all the seats in the first class area of the World Airways 747 while I was away. Assuming that I was able to come out with sick kids, the first class area would be set aside for critical care. I had requested supplies but emphasized no milk supplies. I needed infant feeding bottles with electrolyte solutions for dehydration, saline IV bottles, ringers lactate, and other necessary medical supplies.

From my experience running a children’s hospital from 1968 to 1969 in Vietnam, I was aware that many Asian kids do not tolerate milk protein. The milk protein produces almost instant, severe diarrhea. This disorder can lead to added dehydration and diarrhea. I specifically asked for

²¹ Flying Tigers Line was named after the 1st American Volunteer Group [AVG] of the Chinese Air Force (1941-1942). The air company was nicknamed the “Flying Tigers,” and was the first scheduled cargo airline in the United States. The carrier was a major military charter operator during the Cold War era for both cargo and personnel.

clear electrolyte fluids that children often receive in hospitals the world over. I assumed stocks would be available at the U.S. military hospital that was tied to the base in the Philippines.

I sat in the cockpit facing inward immediately behind the pilot. The pilot, co-pilot, and the flight engineer, all of whom had white hair, had flown in China with the Flying Tigers during the Second World War. Accompanying us was a young African American named David, a new CBS cameraman based in San Francisco. He had broad shoulders and had played professional football. Once in the cockpit, we introduced ourselves and discussed what our chances were of being able to land in Saigon. The pilots said they would chance it. If they couldn't land, they would go on to Cambodia because they knew of some orphans who needed to be evacuated from that war-torn country.

As we flew over Tan Son Nhut at 20,000 feet, the pilot requested permission to land. Unfortunately, we could hear the control tower personnel, but they could not hear us. Suddenly, the Tan Son Nhut tower crackled through. The back-and-forth discussion included two simple phrases: "No, you can't land" and "Yes, you can land." Finally, we got permission to land, but we were warned that the North Vietnamese were near the city and had SAMs [surface-to-air missiles]. The tower personnel emphasized the real danger if we were to land. The pilots did a 360-degree dive-turn to come around to 2,000 feet, hopefully to line up with the runway. That's the only time in my life I ever felt G-forces. I was sitting right behind the pilot and was pushed up against the bulkhead. It was quite a dive-turn.

We came around and when we had descended to 2,000 feet, the pilots realized we had come around too far. We were definitely in range of not only the SAMs but a lot of other heavy artillery. These pilots were scared. I thought after all those close calls I experienced in Vietnam that this was going to be an odd way to die. The co-pilot stood up to look outside his side window, assuring us by announcing he could not see any missile trails in our direction.

We did another quick 360-degree turn and made a very hot landing at Tan Son Nhut. As soon as we hit the runway, I was overwhelmed with the sight on the grassy areas between the runways. This expanse contained small spotter planes, helicopters, and mid-size planes. They had flown in from bases all over South Vietnam, landing on the runway over the last several days in desperation to escape the advancing North Vietnamese. The people aboard had quickly emptied their aircraft and had run for it. I saw hundreds of aircraft bulldozed onto the grassy areas between the runways. The haphazardly stacked aircraft, one on top of the other, looked totally artificial, almost like piled up Mattel toys. These planes and choppers--worth millions--were on their sides and upside-down. The massive pile-up extended for hundreds of feet.

The plane stopped just outside the Flying Tigers terminal, which that airline shared with World Airways. When we got off the plane, I was introduced to a soft-spoken, middle-aged Vietnamese man in the office who was shredding documents. He was the Flying Tigers' office manager. I told him my medical mission and showed him the addresses on the packets. He listened intently. He spoke fairly good English and said, "Well, as soon as I finish the shredding, I'll try to help you." He then agreed to take David, the CBS cameraman, and me into Saigon.

Q: Tan Son Nhut is north of the city. How did you get into Saigon?

A: This assignment was not going to be an easy mission. I left the airport. It was chaos outside. We were checked several times by both American and South Vietnamese military. They each asked our reasons for being in Saigon. The airport had several gates, but we walked through a small driveway where Vietnamese guards operated gate bars that were raised and lowered for vehicles. As soon as we got through the gate, the situation was totally different. At least 100,000 refugees were already in Saigon, and many more were roaming the streets or were joining us as we moved toward Saigon.

Q: What was the date?

A: It was the 11th of April 1975. I had the four sealed packets with three Vietnamese names and addresses on each one. The instructions I received from the Scandinavian people at Clark AFB were to verify the identity of one of the three names on each packet before handing the packet over to that person. Each packet had \$3,000 and promissory notes with guarantees for more money--if those people on the promissory list were able to get out of Saigon. At the same time, my major duty was trying to find orphans in several small orphanages that the Flying Tigers' office manager agreed to take me to. We did not go to the larger ones, several of which were run by Americans because their evacuations were already being arranged. I was told that those numbers were small compared to the number of orphans who were sheltered elsewhere. My task was to find other orphanages not run by Americans and try to get those babies and older children out.

The orphanages that the office manager, now turned guide, showed me were absolutely black holes of Calcutta. They were decrepit old structures in poverty-ridden areas. The buildings didn't look appropriate for orphanages. I entered these orphanages which had no lighting. In one orphanage, I tripped almost immediately over an infant who was stuck to the floor in his own feces. I looked at all these babies in disbelief. About 15 or 20 kids were in some scattered bassinets, some two to three in one bassinet. They were, of course, just orphans with no names.

I said, "I'll take them all." But now I'm thinking "How the hell am I going to transport them to the airport?" Through our guide, I gave instructions to the Vietnamese in charge of the orphanage as to where to show up the next morning with these babies. I believe we went to four small orphanages.

Q: Who was going to provide transportation for the babies?

A: Those in charge of these orphanages had to find transportation themselves for their precious cargo. We could not provide it for them. They were told which entrance to use at Tan Son Nhut Airport. All the attendants at the orphanages were grateful and willing to arrange for the transportation.

The Vietnamese Flying Tigers guide was able to find two people on the list. I didn't speak that much Vietnamese, but they were rapidly talking back and forth. Then they looked to me to acknowledge the details. They acted suspiciously but confirmed that they themselves had made separate plans to leave for the U.S. By that time, I was thinking that this state of affairs is insane. Here we were in the heart of madness--a world gone crazy. It was crowded and chaotic. Everybody seemed to be looking at us with some suspicion--or so I thought.

We eventually made the second packet transfer in a very small but crowded circle where several little streets came together. The circle was probably no more than 40 feet in diameter. We made the transaction and were ready to move on. But then my Vietnamese guide, the Flying Tigers' office manager, suddenly introduced me very quietly to his two sons and his wife who were standing in the background. She looked a lot older than he did. She had a weathered and worried face. His two sons were probably 11 to 13 years of age. They were wearing white shirts, brick-red trousers, and matching brick-red ties. Their heads were bowed. They didn't make any eye contact with me. They just stood nervously by their parents.

My guide explained to me that since he and his wife had worked for the Americans, they knew they were going to be killed. They wanted me to take their sons out of the country because their boys didn't deserve to die. He then added, "They will be your companions and serve you for the rest of your life."

I didn't expect this kind of dilemma. He obviously had somehow made those pre-arrangements. I told him that all I could do was take out orphans. I could not take out anybody else, especially older children. I reminded him that President Thieu had declared that only orphans under the age of 6 were allowed to be evacuated. I gave him some suggestions about where to go to find room on a ship at the docks on the Saigon River. The river led to the ocean. I asked if the Flying Tigers office was making arrangements for their employees. He solemnly said he did not know. I told him to take his family to his office and wait.

He then spoke to his wife very quickly in Vietnamese. I was no more than two feet from both of them when the woman screamed, lunged at me, hit me in the chest with her fists, and then fell to the ground crying. I backed away but obviously this commotion drew much attention. People gathered around even though this confrontation happened very quickly.

I looked to my right and about 20 feet away I saw a North Vietnamese soldier wearing a pith helmet, black shirt, and khaki trousers with an AK-47 slung across his chest. Our eyes locked on each other. He didn't change his expression. He was obviously looking at this scene, but the NVA soldier made no movement to respond. I had been told that some North Vietnamese troops were in Saigon, but the hope was that they would leave the Americans alone to make an "honorable evacuation."

At the same time, David was standing back and I told him to run. I started running and then realized he was indeed behind me carrying his heavy TV camera. I was certain we were going to be shot in the back. We both ran and scurried around the many people who were in our way, racing about 100 yards. The buildings were all close to each other. No shots rang out. I ran into a small alleyway between two buildings and David followed me. We sat down on our haunches just to catch our breath. I said while panting, "Let's wait here." David and I were now on our own. The Vietnamese Flying Tigers guide had been leading us through town, but now we had to find our way back to Tan Son Nhut Airport ourselves.

On the way into the city, I kept looking for landmarks so if I had to find my way out, I could do it on my own. I had identified four or five prominent sites. One marker was across a small street

from where we were so I knew I was going down the right road. We waited until it seemed safe, and then I said, "I think we can go back."

We actually got back to the same gate we had left from, and nobody stopped us from entering. About 40 feet from the checkpoint was a white building that had some Air Force or other American markings on it. They knew about me and my mission. They said we could stay and offered us some food and drink. But I still had two more undelivered packets.

After a few hours, a tall, handsome, nattily dressed Vietnamese man came into the office asking for me. I said, "I'm Dr. Burkle." He started to tell me that a nun, whose name was on one of the packets, was outside. "Well, please tell her to come in," I responded. "That's wonderful." He said, "No, please come outside."

So I went outside and he bluntly told me, "You follow my instructions. Go down the walkway." The walkway was on the opposite side of the checkpoint's narrow entrance. "Walk down there and you will see her coming--Sister so and so. And you do exactly what she says." I acknowledged with the simple reply, "Okay."

Q: Did you have to go outside the gate?

A: I walked down toward the gate, but before I got to the gate's crossbar, I saw this woman. She was short and slightly stocky with cropped black hair, wearing a white blouse and black trousers. She was Caucasian. She started walking toward me, smiling and waving like we're old friends. And I'm smiling in return. We both get to the checkpoint gate. Then the encounter abruptly changed.

She sternly looked at me and cried out, "Give it to me!" So I gave her the packet and she immediately turned around and left the way she came. I walked back but the well-dressed Vietnamese man had already left. Somebody later told me the nun was running an orphanage. I never saw her again. But I later learned that she had come to that same checkpoint early the next morning in a jeep with infants under the jeep's seats. She smashed through the gate when the guards wouldn't let her through. That night I slept on a couch. I never delivered the last packet.

The next morning, I was quickly taken to where two Air Force C-141s were parked. They had just flown in and the crews were huddled under the wings. I was escorted onto what was supposed to be the lead plane. David was on the other C-141. I was introduced to the pilots, the two flight engineers, and other Air Force crew. The side entrance to the cargo area was adjacent to the bulkhead where a ladder led to the flight deck. I saw a sizeable deck area where the young children and infants could go. But the rear of the plane was occupied by some Vietnamese adults who looked blankly and silently toward the center of the plane. Most of the space was taken up by coffins that I would learn later contained the bodies of American personnel killed in the C-5A crash on the 4th of April.²²

²² The Air Force C-5A Galaxy had departed Tan Son Nhut Airport shortly after 4 p.m. on April 4, 1975. Twelve minutes after takeoff, what appeared to be an explosion tore through the lower rear fuselage, resulting in a rapid decompression of the aircraft. Control and trim cables to the rudder and elevators were severed, leaving only one aileron and wing spoilers operating. Two of the

As I was setting up, a crew member told me what was happening at the gates. Many of these infants and young children were showing up. But they were not being allowed to come out to the planes until a fee was paid for each one. An American in a Hawaiian shirt approached me and asked who I was. He spoke excellent Vietnamese and was in charge of the adults who were already on the plane. I assumed he was with the American Embassy. He told me that the South Vietnamese officials were now demanding money for each child who came through the gate, and that money had to be sent from the American Embassy. That was the problem causing the delay.

But then Air Force blue buses filled with infants started coming out toward the planes. Each infant was in a file box that had openings on both sides so the handler could easily pick up the boxes. I talked to the crew about how we would secure these boxes holding the babies. Straps led the entire length of the plane and easily went through the hand openings on the file boxes. Additional web seats were on both sides of the plane. Probably six or seven seats on both sides were still free for toddlers and other children, not infants.

The engines were running and were very loud. I didn't know who was going to turn up. Then someone suddenly exclaimed, "They're coming! They're coming!" I stood at the door and could see the blue buses parked under the wings. Air Force personnel were grabbing the file boxes.

As they came in, we put the straps, which came from the rear of the plane, forward through the boxes holding the infants. We had four rows with the straps, which worked out very nicely for the flight crew. Some infants were not in boxes. I told the assisting crew to put two or three kids in each web seat with straps around them. They might feel more secure next to each other. Several of those kids were ill and all were scared to death. A couple of them vomited. We lay some of them down because they were not well. These infants were on their backs in the file boxes so I told the handlers to change the infants' positions and put them on their sides. If they vomited on the flight, they wouldn't aspirate while placed in that position.

The flight engineers helped out. Everyone offered to assist. We had already loaded a lot of file boxes from the back to the front so we were getting close to the bulkhead. A lavatory door in the bulkhead faced forward underneath the cockpit area. One of the flight engineers opened it to get some paper towels to clean up after one of the sick kids. A few feet away I was straddling one of the boxes holding an infant. At that moment when I was facing the bulkhead, the flight engineer opened up the head. Then I heard a commotion to my right. Out from this very thin door to the head came one of the Vietnamese bus drivers struggling with the flight engineer. The flight engineer pushed him up against the bulkhead and began threatening him with his .45 pistol. A purple felt pouch with gold braid fell to the deck. Seagram's Seven Crown packaged their whiskey bottles in these recognizable felt bags.

four hydraulic systems ceased to function. The crew, struggling to keep the plane in the air, attempted to return to the airport but could not make the runway. The jet crashed into a rice paddy, breaking into four parts. The casualties numbered 138 killed, including 78 children and 35 Defense Attaché Office Saigon personnel, embassy wives who had offered to assist on the flight, and other volunteers. The accident investigation determined that the rear loading ramp locks had failed due to faulty maintenance, causing the door to open and separate.

The bag was bulky and turned out to be a bomb. Everybody immediately realized what was happening. A member of the crew quickly removed it from the plane and ran. It did not explode. Military police came aboard and pulled off the bus driver. Some of the plane's avionics were located in the head. The Vietnamese bus driver had tried to push the bomb between the avionics when the flight engineer found him. The engineer obviously surprised the would-be bomber.

I had been triaging all the infants in the boxes at the time. In the confusion and noise of loading the babies, the bus driver had grabbed a file box from his bus, and then placed a satchel charge in the purple Seagram's Seven Crown bag. He placed the bag under the blanket covering the infant. The Vietnamese then entered the long line leading to the plane, handed the file box to me, and slipped past everyone unnoticed. He opened up the door to the head, went in, and was in the process of planting the bomb when the flight engineer entered. That's the scenario that everybody assumed.

Right after that incident, everything came to a halt. No more kids were coming aboard my plane. The military police stopped the entire process of loading these orphans. I could see that the other plane was filling up. But on our plane the military police started to search every space for any other planted bombs.

About 10 minutes later, boxes arrived with more infants. The American, who I had now surmised was probably CIA, looked around and went back to where all the Vietnamese people were seated on the web seats. He approached an older couple and two young adult women who were seated next to them. He said something in perfect Vietnamese, then motioned that these two girls must leave the plane. They tried to grab on to this older Vietnamese man, pleading with him and crying. The older man paid no attention to their desperate pleas. The military police grabbed the girls and took them off the plane. I never found out the reason.

Before he left the plane, the CIA guy looked around and then turned to me and said, "Good luck, Doc. I don't know how you can do this." It was apparent that all the kids were sick. The plane's door finally shut.

One of the flight crew told me I had to go up on the flight deck during takeoff. I was hesitant because I wanted to be with the kids. He said I had no choice but added that as soon as we got to altitude, I could return to my station. I climbed a vertical ladder through a small door onto the flight deck. I looked forward at the pilot, co-pilot, flight engineers, and all the instruments on each side. One seat was vacant at the back of the flight deck.

The two C-141s had been waiting for hours on the tarmac in blistering heat with the engines running. They were prepared for an immediate takeoff if the airport was attacked. Suddenly, the engines began revving up even faster and we heard a big explosion under the right wing. It was absolutely amazing to witness the rapid coordinated response when the flight engineers immediately shut down all the engines. Everyone thought a bomb had exploded. It wasn't a bomb but an engine overheating.

Our crew then had to repeat the entire check procedure so the other C-141 took off first. I looked at the pilot and noticed that his head was down between his legs. The co-pilot turned around and beckoned me to come forward. I wondered why.

The co-pilot, reading my thoughts, asked, "Could you check the pilot? He's sick." I kneeled down in a space between the pilot and co-pilot. I asked the pilot if he was all right. He responded, "Yes. I just can't stand seeing sick kids." He was pale, nauseated, and diaphoretic [perspiring profusely]. I foolishly asked, "Can you fly this thing?" He quickly replied, "Oh yeah, I'm okay," and offered a weak smile. So I turned and nodded to the co-pilot that everything was okay, even though I honestly didn't have much evidence other than what the pilot had told me.

The engine that had overheated now seemed to be functioning, and, as far as I know, they used all the engines on the flight. So we sped down the runway and lifted off. We then went into the most vertical takeoff possible. The Air Force C-5A that had exploded on April 4th was on a more level takeoff, and, at that time, they thought that it was hit by a surface-to-air weapon. As we climbed, the engines were straining. I could see the blue sky and exclaimed, "Oh my God!"

I kept my eyes on the back of the pilot. He seemed to have recovered from his nausea. I think our climb was about 85 degrees. The ascent seemed to go on for the longest time. But then the entire outside layer of cockpit window glass suddenly cracked into a pattern that looked like small geometric pieces. The pilots were unfazed because only the outside windshield had shattered. No breach in the integrity of the cockpit occurred. I assumed it happened from the rapid acceleration to altitude. Everyone in the cockpit just looked at each other, smiled, and shrugged. When we leveled off, we were anticipating what was going to happen next.

After flying out of Vietnamese airspace, the crew clapped and cheered. The pilots then let me go back down and I checked on Vietnam's tiniest evacuees. They were all fine. I didn't go back up to the flight deck for the landing, which was a touch down at Clark AFB that drew an additional big hurrah from the Air Force crew. Those were the last two Air Force flights out of Vietnam.

Q: What happened to the 747 you had left back at Clark?

A: The World Airways 747 I had left at Clark AFB was still sitting on the tarmac with all the medical personnel and crew I had come in with. The folks at Clark had put them up, treated them well, and gave them food.

When we landed, they were already putting kids on the 747--those who were sick or who had been in the hospital at Clark AFB, having come on previous flights. And the base personnel were also loading kids who were on that other C-141 that had landed about 20 minutes before we did. When I got off the plane, the 747 was not very far away. I went up the ladder and my colleagues greeted me. They all wanted to know what had happened. I gave them a brief report and then told them that we had a lot of sick kids to attend to.

I was pleased as punch because I was standing in the first class area with no seats. A number of Air Force wives were also in the first class area, but I noted one who was definitely in charge. She was a bossy woman who was ordering everyone around. Small pallets of infant formula had

already been loaded on the plane. She was telling everyone to give the kids the formula, saying they were all malnourished.

I quickly interrupted her and shouted, “No! No!” She insultingly responded, “You don’t know what you’re doing!” I was tired and hadn’t slept. I backed away and walked down the aisles to assess the situation. I hoped the doors would shut soon. Maybe she was a nurse or a wife of an officer at Clark AFB and thought she was in charge.

By that time, the babies had had the infant formula. But within a few hours in the air, even the ones who had started out stable came down with severe diarrhea. These cases were so acute that halfway through the flight to California the toilets were totally plugged up and nonfunctional. The plane smelled horrible. I announced over the plane’s communication system, “I hope everyone has learned a lesson. You don’t give Asian infants milk formula if they haven’t tolerated it before. Now we have dehydrated kids who need electrolyte formula. Only use that electrolyte formula for the duration of the trip.” I wished I had gotten the name of that Air Force wife. The same situation would probably happen if there was a similar rescue operation like this one.

To counter the babies’ dehydration caused by the diarrhea, we had to give many IV solutions. The numerous cases of diarrhea were our biggest problem. Otherwise, the trip would have been fairly uneventful in the main cabin.

The flight was without major incident until we approached the West Coast. We were supposed to land in San Francisco, but were diverted to Los Angeles [LAX] with only three hours’ notice. San Francisco authorities had agreed to accept only infants and children who were already registered in the adoption process.

We had very sick kids in the first class section. One infant was especially tenuous from the outset and died on the flight--the same infant I had tripped over at the orphanage. At least I knew that some of those infants probably made it out. I later saw a photo of me in the cockpit giving instructions to Ken Healy, the pilot, who relayed the information to the LAX tower. They had asked whether any sick kids were on board, and I gave an outline of six or seven who were critically ill.

But the tower was more concerned about infectious diseases, especially since one child had died. So the authorities automatically quarantined the flight before we even arrived at 8:30 a.m. I warned the medical staff that confinement to the plane might happen so they needed to prepare themselves by providing whatever medical history they had gained on the children during the trip. We attempted to take some kids off onto the tarmac. But we were all ordered back to the plane because we had not gone through immigration or quarantine ourselves.

Another photo shows me, another pediatrician, and a flight attendant-nurse on the stairs of the plane. One child was having seizures on the tarmac. But the medical staff members on the ground weren’t even listening to me. They were angry because they had had only three hours’ notice. A real political controversy arose about the entire mission. The LAX personnel were

angry as hell at World Airways showing up because we were the only flight that came to LAX from Saigon, and LAX wasn't prepared for it.

But the kids were finally taken off the plane, and we medical personnel took a quiet, smelly trip back to Oakland. I attended a World Airways meeting in Oakland, the only medical person from the flight. The other doctors had already left for home. We were told to keep our participation quiet in "Operation Babylift," as this evacuation of orphans had come to be called. While I was gone, State Department officials contacted Phyllis. They told her not to talk to anybody about the flight due to a real controversy flaring up among Ed Daly of World Airways, the State Department, and the military. Government officials were trying to prevent Ed Daly from flying in and out of Vietnam, and were threatening him with lawsuits. I didn't know the details. They wanted to keep the whole dispute quiet until it had blown over. I was never contacted.

The next day I went back to Berkeley. My colleagues thought I had had the flu and had no idea that I had even been in Vietnam. And that was it. But an *Oakland Tribune* photographer, Robert Stinnett, had been on the plane, and he took a number of photos that documented that last flight out.²³

Of the two C-141s, 133 orphans were on my flight and 120 on the other plane. The World Airways airlift to LAX carried 327 orphans. This flight also included 22 orphans destined for Norway and 52 Cambodian children headed for parts unknown.

As medical director of the last orphan lift out of Saigon in 1975, I was secretly slipped into Saigon, which was already surrounded by the North Vietnamese Army. The city was dangerous and packed with more than 100,000 frantic refugees. During the city's death throes, I had to find abandoned and ill infants, many who were alone and starving in dank and dirty orphanages. We airlifted out 327 nameless infants and small children in file boxes. Twenty years later, by chance, that 1975 signature event in my life came back to me in a very dramatic way.

Q: What happened in the mid-1990s?

A: I was a professor at the University of Hawaii Medical School [Honolulu] from 1991 to 2000. I lectured for a woman who was a professor of nursing. Her son was a surfer from California and he would come back to Hawaii occasionally. One day she said, "My son's coming to visit with his girlfriend. As a way of thanking you for all the help you've done with my classes, I'd like to take you to dinner at the Thai restaurant you love on Beretania Street."

When her son showed up at the restaurant, he had on his arm a most beautiful, ebullient Asian woman. She ended up sitting across from me. To me, she looked Vietnamese and she spoke perfect English. She told me she was a graduate student in international affairs and had been valedictorian of her high school graduating class.

²³ Robert Stinnett served during World War II as a U.S. Navy photographer in the Pacific. After the war ended, he worked as a journalist and photographer for the *Oakland Tribune*.

I asked her if she was Vietnamese. Yes, she was. I asked, “How long has your family been here?” She replied that she came as an orphan. I then inquired when she came to this country and she responded, “I was part of the orphan lift that landed in LA.”

She was one of the infants I had rescued. She was on that World Airways 747 that landed at LAX on April 12, 1975. When I realized that my flight was the only one that had landed in LA, I had to hold back the tears. She was indeed on that flight, just a toddler at the time. Life had come full circle. It was a really good day.

Q: I’m going to change tracks here. What kinds of medicine were you qualified to practice?

A: Several: emergency medicine-both adult and pediatric emergency medicine, pediatrics, psychiatry, public health and tropical medicine. I use all of these fields in global health.

Q: Is this after you got your degree in Public Health at Berkeley? And then?

A: Psychiatry at Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire in 1975. I moonlighted in Cheshire Medical Center in Keene, New Hampshire, just about every weekend I was not on duty at Dartmouth. Of course, I had to take this second job to make enough money to survive because I had a wife and three kids. I moonlighted from Friday night to Monday morning. I was seeing every type of medical condition. That was before emergency medicine had become a specialty.

Then I started teaching at conferences--pediatric emergency medicine and emergency psychiatry. I then “grandfathered in”²⁴ and passed my written and oral boards. So I was board-certified as an emergency physician. Eventually, when the pediatric emergency boards were formed, I was already at the Kapiolani Medical Center for Women and Children in Honolulu. I took the boards and passed them. But I was trying to get credentials for taking part in global humanitarian medical care.

I stayed with the American Red Cross. I also got called up for the Persian Gulf War [August 1990 - February 1991] because I stayed in the Navy Reserve. I became the Senior Medical Officer [SMO] at Al Khanjar Navy-Marine Trauma Center in Saudi Arabia, which was the largest trauma center ever built [since World War II] in the history of the Marine Corps. We saw 80 percent of the casualties. I served with many other reservists, but was chosen above all the others to be SMO.

Q: We’re talking about most of the 1970s to the 1990s

A: Yes.

Q: You were doing this other work?

A: I was working for the International Committee of the Red Cross. The ICRC is the world’s largest refugee NGO. I was part of the International Services of the American Red Cross. I did

²⁴ Already experienced in emergency medicine, Dr. Burkle became a faculty member in the emergency medicine program and helped organize the original curriculum.

different kinds of humanitarian work for the refugees and was at the camps for the Kurdish refugees fleeing Saddam's massacre.²⁵

Q: This is the International Rescue Committee?

A: Yes, the IRC. I eventually sat on their board and remain as an overseer today. I did the worldwide evaluation for the International Rescue Committee. I went into Burma [today Myanmar] and reviewed that country's refugee camps. I also did evaluations for Somalia, Yugoslavia, and Pakistan.

I either worked in refugee camps or conducted evaluations. I also did evaluations for the United Nations' relief agency, Cooperative for Assistance and Relief Everywhere [CARE]. I trained and spent time in Geneva and learned everything about the 1949 Geneva Conventions and international humanitarian law [IHL].²⁶ I think I was the second American who trained in the Health Emergencies of Large Populations [HELP] course in Geneva in the mid-1980s.

Because I was a Navy Reservist, the Swiss initially would not let me take the course. I had to be totally neutral. So I resigned my commission in the Navy to take this course. I rejoined the Navy Reserve later. But since this time period created a break in military service, it almost impeded my promotion years later. I started the HELP course in Hawaii in 1995.

Gil Burnham at Johns Hopkins University brought the HELP course to the East Coast of the United States. I wanted to bring the military into the program because military personnel needed training. Trying to determine whether or not to open this invaluable course to the American military took four years. The decision to allow this HELP course went up to the highest level of the International Committee of the Red Cross in Geneva. One of my biggest accomplishments was making that course readily available for the American military. Very few people know that I initiated that action and pushed the diplomacy to make the HELP accessible for the military.

I was out of the country a lot, giving a course every single month in Guam and all over Asia. I was invited to go to China. Back then, 83 percent of the Chinese population had malnutrition and lived in extreme poverty.

Q: Did the Chinese government invite you?

A: Yes. A doctor at the Beijing Emergency Medical Center invited me.

I got to know Dr. Zonghao Li in the 1980s and went back to China many times when others were denied entrance. I even did an emergency medicine development consult on Hainan Island. I was the first American to be allowed to do so. Also, I was there during the Tiananmen Square

²⁵ Saddam Hussein, 1937-2006, fifth president of Iraq from 1979 to 2003.

²⁶ The 1949 Geneva Conventions set international law in time of war regarding the humanitarian treatment of civilian and military prisoners. Protections were established for the sick and wounded, as well as civilians living in a war zone.

episode [1989]²⁷ because the protest occurred during a medical conference in Hong Kong. The first part of the conference I was in Hong Kong, and then we planned to go to Beijing for the second part of the conference.

Hosting the next phase of this meeting was a big honor for the Chinese because China had never held such a high-profile conference. But the pro-democracy Tiananmen Square Massacre happened on June 4, 1989. We had only 48 in our group because everybody else said they were not going to Beijing due to the violence in Tiananmen Square. But I decided to go to Beijing.

I went with a military friend. We were treated wonderfully. It was absolutely fascinating. We convinced an old Chinese taxi driver to bring us into Tiananmen Square, even though that city square in the center of Beijing had been shut off after the uprising. We gave him good money and he dropped us off at Tiananmen Square. The square was empty except for young soldiers on duty.

Q: This was after the massacre in 1989?

A: Yes, just after the massacre. However, the tension was still going on because the area was completely closed off and the Chinese military personnel still weren't letting anyone in. Nevertheless, we met some Chinese officials and they greeted us warmly. In Tiananmen Square, we saw the Monument to the People's Heroes statue with marble steps that had been chewed up by a tank. We stood in the square taking photos. We knew that history had been made here.

Q: You like to play dangerously.

A: Yes. We were seeing the backs of young soldiers with their AK-47s. We were alone in the square for a long time and had no desire to leave. We walked from one corner of the square to the other, which is one of the 10 largest squares in the world.

Q: Did you see evidence of the violence that had occurred in the square?

A: I mentioned the steps that were destroyed by a tank. All of a sudden, a bus showed up with about 30 Caucasians. It was a group of Yugoslavians who were getting a tour. The Chinese began to panic and pointed to the two of us. Soldiers ran out and ordered us to leave. They thought we were also part of the Yugoslav party.

Q: That's how you got away with it.

A: Yes, that's how we got away with it.

Q: You just kept your mouths shut.

A: Yes. I traveled to China more than any other country. I taught the Chinese how to treat malnutrition and dehydration. I found that every child who is malnourished is dehydrated first. Therefore, you have to correct that dehydration first before giving food. Because the children are malnourished, the intestinal villi are lost so they can't absorb milk. You have to go slowly. First hydrate them then begin giving them protein. If you do otherwise, you're going to kill them.

²⁷ Demonstrations across China from April 15 to June 4, 1989. In Beijing, more than 700 student protesters were ultimately massacred by government troops and police in Tiananmen Square on June 4, 1989.

I was invited back to China over 10 times. Even during the height of Mao's [Mao Zedong, 1893-1976] reign from the 1960s and 1970s, when nobody else could go back and nobody else could get a visa, I was always invited to return to China. They liked me. I loved them. I was never any threat. China is the one country that has gone from 83 percent of the population being malnourished and living in poverty to a lower malnutrition and poverty rate--even lower than what we have in the United States.

It was China's rapid industrialization that brought the economy back so China produced enough food to feed its own population. China now has the majority of the world's billionaires and millionaires, but China still has the largest number of have-nots, along with Indonesia and India. Indonesia, India, and China have the biggest gaps between the very rich and the very poor, and these countries still have malnutrition. I gave lectures in English but all my printed slides were half in English and half in Chinese, which they appreciated. I absolutely loved China. It was so beautiful back then--and the air was clean. All bicycles in Beijing and only an occasional car.

Q: This was in the 1970s and 1980s?

A: Yes and again the medical climate picked up in the 1990s when I headed a People to People Citizen Ambassador Program. I focused on advances in pediatric emergency medicine teaching, and gave multiple lectures throughout China.

Q: When was the last time you were there?

A: I was in Beijing in 2011 to receive a big award from the World Association of Disaster Emergency Medicine--and I couldn't breathe the air. And before that conference, I was in Chengdu at the Centers for Disease Control and Prevention Conference on climate change. The air was so bad we couldn't leave the hotel.

The Chinese government doesn't even know what the population of Beijing is within several million. Beijing is so big and dense that it's a public health disaster. And that's not what I want for the country and people I loved. I was always treated wonderfully. The people I met were educated and humble. They ranged from ballet dancers to professors. I was stopped once in Beijing by an older couple pushing a carriage occupied by their grandchildren. They were told I was a pediatrician and psychiatrist. They had a great sense of humor. Through my interpreter, they politely inquired if they could ask me a question. I nodded yes. They were perplexed by how the one-child policy had led to so many "spoiled children."²⁸ They listened intently and made some comments that garnered laughter. I really enjoyed myself and it made the entire trip worthwhile.

I knew the editor of the *China Daily News* very well. Everyone had amazing stories to tell about what they had witnessed. I have remained in contact with "my so-called brother," Dr. Zonghao Li. But while his health has been quite good, my health has declined so we have not seen each other for several years. I miss him.

Q: The Cultural Revolution?

²⁸ A Chinese government policy started in 1979 to reflect the "family planning policy" to reduce births. In 2015, the law changed, allowing for two children.

A: Yes, the Cultural Revolution.²⁹ The Chinese read everything they could possibly get from the outside--especially poetry and literature from the West. They always had good questions to ask me about the outside world.

Persian Gulf War: 1990-1991

Al Khanjar

Q: Tell me about your participation in the Persian Gulf War from 1990 to 1991.

A: We heard news every day about the planned retaliation for Saddam Hussein, the President of Iraq, who was heading south to take over Kuwait and threatening to take over Saudi Arabia. So the rapid buildup of the U.S. military was going on. Many of the troops and medical personnel were sent to Saudi Arabia in September 1990. That operation was known as "Desert Shield." I was called up in December 1990. I first went to Camp Pendleton and joined either Kilo Company or Delta Company. I left on a Sun Country Airlines 747 from an Air Force base in California in late December 1990. We flew to Newfoundland and then to Germany. We couldn't fly across Switzerland or any other neutral countries. We flew over Egypt and on to Saudi Arabia. It was a long trip.

When I got to Saudi Arabia, I joined a medical company that was set up in an abandoned boys' school not far from the Kuwaiti border. Some of the unit's medical personnel had arrived weeks before, and a number of the staff in this medical company had been in Saudi Arabia for months. I noted the tremendous discontent among the medical staff. A lot of them had written their congressmen and senators about lack of supplies. These medical personnel hadn't performed any duties for months and were losing their skills.

Nevertheless, they were also very competitive among themselves. Many were active duty Navy from Naval Hospital Oakland and Naval Medical Center San Diego. I'm sure some personnel were from other areas, but the majority of them were from Oakland and San Diego. I was in a cherished position, being one of the few O-6s [captains]. Most were lieutenants, lieutenant commanders, and commanders. I also saw discontent among the Medical Service Corps [MSC]³⁰ personnel, physicians, and nurses--who were all male. I observed all this behavior around me. What made it worse was the idle time, which was infectious.

At one surgeon's request, I gave some lectures on triage. They had great questions because we knew this was going to be a big war. This upcoming desert warfare would probably demand triage management, especially if chemical or biological weapons were used. Everybody was convinced that something chemically and biologically was going to happen. I knew about

²⁹ The Cultural Revolution, formally known as the Great Proletarian Cultural Revolution, was a sociopolitical movement that took place in China from 1966 until 1976.

³⁰ The Medical Service Corps is a staff corps of the U.S. Navy, comprised of officers engaged in medical support duties. The MSC includes healthcare scientists, researchers, and healthcare administrators.

chemical and biological warfare and had published two book chapters and later several articles. So I shared what I knew.³¹

Q: I had heard about a physician, or maybe an MSC, who had taken off his insignia of rank and replaced it with a chief's insignia. What was that story?

A: He was one of the surgeons. I was living/working in one of the Conex boxes [Container Express that were corrugated steel shipping containers] with Bob Schlegel, a lieutenant and a psychologist.

Q: This is before Al Khanjar?

A: Yes. It was before we got to Al Khanjar. The surgeon explained how everyone was complaining and that morale was low. After listening to this surgeon, I asked, "How about you?" And that's when he told me he had taken off his eagles and put on a chief's insignia. He added that he wasn't crazy, but that he was tired of hearing so many disputes among the medical officers, the MSCs, and the nurses. He didn't want to hear about who was in command and who wasn't.

Then, thankfully, we were told we were leaving the eastern part of the country and traveling west and north. We left in increments to form up at a larger trauma hospital. All we were told was that we were going west. On the maps, our destination appeared to be all desert. We went in buses that kicked up a lot of dust so we couldn't see much, especially when following the first bus. We would stop, piss in the desert, and get back on the bus. We kept going through 300 miles of Saudi desolation [ad-Dahna Desert].

I finally saw a small isolated one-building outpost surrounded by sandbags and manned by several Marines. We then had to turn north. We later arrived at a place I would have missed if I blinked, but it was obviously a construction site. Most of it was underground although raised banks of sand known as "berms" were visible. Tents were flapping in the wind. It was very windy. The sun was going down so it was rapidly turning cold as it does in every desert. Most of us wore several layers of clothing.

Q: What month in 1991?

A: We arrived at this destination at the end of January or the beginning of February. The advance group had already started to build this hospital facility. I had seen a picture of the plans for a circular facility with a surrounding berm. I thought it looked functional and secure--but everyone else seemed to think differently. Then we joined up with three other companies,

³¹ Burkle FM: "Chapters on Radiation and Chemical Casualties: Disaster Medicine: Application for the Immediate Management and Triage of Civilian and Military Victims." Elsevier Press, 1984.

Burkle FM Jr. "Population-based Triage Management in Response to Surge-capacity Requirements during a Large-scale Bioevent Disaster. *Acad Emerg Med*. 2006 Nov;13(11):1118-29.2

Burkle FM Jr. "Mass Casualty Management of a Large-scale Bioterrorist Event: An Epidemiological Approach that Shapes Triage Decisions." *Emerg Med Clin North Am*. 2002 May; 20(2):409-36.

including Delta and Kilo companies, to become the 2nd Medical Battalion, Al Khanjar Trauma Center.³²

Q: Who gave it that name? I think Al Khanjar means “saber” in Arabic.

A: The Marines gave it that name, not us. Then some officers made the decision to stop everything because the tents were too exposed. So we dug in and ended up with just the tent tops peeking out of a large dugout depression in the sand. And that’s where about 30 guys lived, our cots right next to each other with just a little space in between. And it was cold.

Q: What did you use for water?

A: The Marines brought water up--but just enough to wash our faces. We had no showers and nobody really wanted to shower because it was so cold. It would warm up into the 60s in the afternoon, but by 4 p.m., the temperature had dropped very quickly in the desert. The medical staff got to know each other pretty well. I had a small circle of friends. We had about 60 physicians--approximately 500 medical personnel total. I think we had two women, one being a psychologist. We didn’t have much to do except watch the construction of this new trauma center.

That whole area was Al Khanjar and our center was officially called Al Khanjar Navy-Marine Trauma Center. I noticed an increasing discontent among the staff--the physicians and Medical Service Corps [MSC] personnel--but I stayed away from the controversy. One night I was awakened at 2 a.m., and Cdr. [William] Brown, a Medical Service Corps officer and the hospital’s CO, sternly and authoritatively said, “Come with me.”

Brown said, “We’re going over to see Gen. [Charles] Krulak.” I didn’t even know who Gen. Krulak was, other than hearing his name mentioned. We had a Humvee [High Mobility Multipurpose Wheeled Vehicle] and its headlights just had slits. You could not show any light beam in the desert because we were about 10 kilometers from the border with Kuwait. We didn’t even use flashlights. We drove a fair distance before we came to a camp. People were working like crazy at 2 a.m. We went down into a bunker, which was obviously the Marine general’s compound. One of his aides simply said, “The General is waiting for you.”

Gen. Krulak was sitting behind the desk. After we were introduced, he said that the ground war was ready to start and everything was ready--except for medical. He continued that we might lose the war because of medical, especially if we were going to run into biological and chemical problems, which we all anticipated.

He added that the leadership was terrible and that nobody knew what to do. Krulak then said he knew Bob Lass from Vietnam. Lass had been a surgeon down at Quang Tri at Alpha Med although I didn’t know him very well. Krulak said that Bob Lass had told him that if you could get Skip Burkle to do the job, he’ll get it done. Krulak added, “So you come recommended and

³² The Al Khanjar Navy-Marine Corps Trauma Center, located just a few miles from the Kuwait border, was the largest field medical treatment facility in Marine Corps history. The hospital contained **Error! Main Document Only.** 12 operating rooms and 270 beds, including a 36-bed ICU.

have Vietnam experience.” I think Cdr. Brown had already told him I was a professor of emergency medicine and had some gray hair.

Krulak stated in no uncertain terms, “I want you to be the senior medical officer.” I recognized his name as being the son of the famous Gen. [Victor] Krulak of World War II fame. Then it dawned on me that I actually had triaged this Marine when he was in Vietnam. He came in with several of his friends with shrapnel wounds to his hand. We only did “meatball”³³ surgery at Delta Med. His kind of wound needed cleaner operating room facilities like on the hospital ship or NAS Danang so I triaged him at Delta Med. I did not bring this fact up to him. That once young lieutenant now had more important matters on his mind.

I didn’t answer for a little while, just pondering the situation. How am I going to get this rabble-rousing group together? Do I have the capability? I also saw the risk of looking like a fool. Could I really pull off this enormous task? I didn’t like some of the people who were there--but at least I had the rank. I could also see that my own safety was involved. I finally agreed to take the job. That early morning meeting with Gen. Krulak was over rather quickly.

Cdr. Brown was not a man of many words, but he said on the way back, “We’ll meet in the morning. We need to go over a lot of plans.” When we got back to Al Khanjar, I stumbled back into my tent and somehow managed to get some sleep.

When I woke up, I didn’t say anything to anybody. I went out the opening of the tent, which was about five feet below my height, and then started going up the hill where I spotted a single tent. I didn’t know whose tent it was until later on. Suddenly, right in front of me, was a commander.

Q: Outside the tent?

A: Outside the tent. It was Cdr. Donald Arthur. He came running right up to me, put his face in mine, almost nose to nose, and said with great rage, “What’s your date of rank?” I remained composed and didn’t say anything. He had caught me by surprise. He then continued, “I should be senior medical officer. I’m a lawyer and I have a PhD in research.” He kept up with this “I have all these degrees” kind of talk. I wrote all this down in my journal afterward. I had met many of the other docs, but I didn’t know Donald Arthur. I recognized, however, that he could be the ER doc named “Arthur” so I simply stated, “You’re on the roster for the emergency department and I expect you to be there.” And with that he mumbled something that sounded like, “We’ll see about that.” He was still raging angry and walked away.

Q: Did anybody witness this confrontation?

A: I think maybe Larry Sorenson was at that scene. As I recall, Sorenson warned me that Arthur was Adm. Stanley Arthur’s³⁴ relative and that we should give him a wide berth. When I

³³ Surgery meant to be performed rapidly to stabilize the patient as quickly as possible.

³⁴ Vice Adm. Stanley R. Arthur was commander of the U.S. Naval Forces Central Command [USNAVCENT] in Bahrain and was forward deployed in the Persian Gulf. Stanley Arthur oversaw the U.S. Navy’s buildup for the Persian Gulf War. He was not related to Donald Arthur.

saw Cdr. Brown about 30 minutes later, I fumed, "I've already had my first challenge." Brown didn't say much but when I mentioned that Arthur might be Stanley Arthur's relative, he said, "Well, he has the right to go to Krulak and argue his case if he wants to." Brown and I had a lot of work to do so we didn't discuss Donald Arthur any further.

We had a meeting that day in another tent. Everyone was there--company commanders, docs, nurses, logistics people. When I walked in, everyone fell silent. They all wanted to know whether or not I was going to be friendly because personality had been one of the big disconnects between the doctors and all the other medical personnel.

I didn't know how deep that feeling was, but I didn't see it as a problem. In Vietnam, the Medical Service Corps just made sure the working environment was conducive for everyone. The commanding officer was a surgeon, but we let the senior MSCs, non-coms, and all the rest of the medical personnel do a lot of good work to keep the hospital going. I never witnessed any difficulties in Vietnam.

I told the assembled staff that I had no problem with the structure the way it currently existed. "We have enough to do as physicians," I emphasized. And those words came across really well. I told them what I had learned about combat medicine, and they wanted to absorb what I knew--medicine and triage. I related what I had done in Vietnam and how we conducted triage. We talked about the setup and what we needed to do.

At this meeting, I informed all the staff that the Iraqis may not have dog tags and Iraqi soldiers certainly would not have their blood types. But if the Iraqis did have these IDs, their blood types may not be listed. That lack of blood type information surprised them. I also knew that if the Iraqis had MOPP [Mission Oriented Protective Posture for use in a toxic environment] gear, it was old and non-standard. I knew all that pertinent information, that is, what the Iraqis had--or didn't have, even before I got called up because of my interest and expertise in chemical and biological warfare.

After the meeting, I studied the layout of the center. The corpsmen showed me how the resuscitation area was being built. We were going to have the first phase of triage outside due to the expected use of chemical and biological agents. After the casualties were decontaminated, we'd bring them in for further triage and treatment. No treatment would be done outside.

Another outside area would contain the casualties to be decontaminated. I showed the staff exactly how the casualties would come in, and then how they would be transported from one place to another. Surgery and the critical care beds were last in the progression.

I asked each of their names and their jobs, and if anybody had had any experience in advanced trauma life support. Nobody had had any such practice in this field of medicine. I was building an encyclopedia in my brain about what had to be done to get these medical personnel up to speed. And I had only about six days to assemble all this knowledge. I hadn't yet conferred with the doctors.

Q: So up to that point, you had met only with the nurses, corpsmen, and the MSCs?

A: Yes, the MSCs and the construction guys building the center. Some of the doctors had helped organize the areas so I probably had been introduced to some of the company senior medical officers, but they were the only personnel I had encountered.

I walked around the site and noted that suddenly most everybody seemed enthused. Their attitude was changing already. They were pleased when I would stop, turn around to a corpsman, and ask, "What's your secondary job?" In case we were placed in a major triage situation each staff member would have secondary and tertiary jobs to keep the primary function going--which was to save as many lives as possible.

We had to work out the blood units. I had 80 percent of all the blood in theater--that was 1,800 to 2,000 units of blood--and about 91 pints were already out of date. Nevertheless, we could still use these outdated pints, especially the plasma. I set up a surgical table in resuscitation and said I wanted a lab tech on site to type the blood.

Q: You could correctly type the blood then?

A: Yes, just with the anti-A, anti-B serum. You have to confirm it later, but you can't do that for everyone. In the first letter I sent to Krulak, I outlined many of the goals that I had already accomplished.

Q: Explain what you did.

A: It was a modified Israeli approach. I divided the staff into blue and gold teams. After we triaged the casualties, the wounded would be moved into resuscitation. If somebody was assessed as needing surgery, that patient would be given to a team--a surgeon, anesthesiologist, and orthopedist. We had 17 operating rooms, which were icebox-like containers set up right next to the other. Someone had to decide where each casualty would go. I talked to the teams endlessly about this need.

Q: You called it the "modified Israeli approach." What was that?

A: The Israelis used a team approach. I also told the staff what we had experienced in Vietnam. The average number of blood units that casualties required was 2.4 units. I told my staff that they could order only two units at a time. If a casualty needed more than that amount, he would have to be re-triaged. The triage personnel would have to decide if a casualty's condition was futile, otherwise we would run out of blood very quickly. We had no guarantee if we would be able to get any more blood units.

I also explained that the Air Force had built for our center a strip made of packed dirt about a mile away for medevac. Arrangements were being made how to get the casualties to that strip.

Q: So you're telling every MSC that he or she has three or four jobs. You shared your Vietnam experience which you thought might be helpful.

A: Right.

Q: How about you? What did you see as your next biggest job?

A: Monitoring surgery. I emphasized the pints of blood. I met with my two teams, each consisting of a surgeon, orthopedist, and anesthesiologist. I talked with them separately. I walked

them through the procedure and emphasized that they needed to be aware of who is in surgery, what is the patient's status at all times, and how much blood is being used. I stressed that they discuss those questions before they came to see me, especially if they had to make a decision about removing a patient from surgery and putting another wounded patient in his place.

Having to remove a patient from surgery happened in Vietnam. At Al Khanjar, that situation didn't happen because we had enough operating rooms. But it could have happened, especially if we were going to be treating the predicted 1,500 to 3,000 casualties in the first 12 to 24 hours. Of course, that would be exceeding what our facility could handle.

Many staff members, especially the corpsmen, complained about an orthopedist who some felt was lowering the center's morale. He bugged everyone with his negative and sarcastic attitude. He was also a bully. Some of the corpsmen told me that they thought he was one of the biggest problems preventing everybody from coming together.

One day I was at the end of the resuscitation area just before going down into surgery. I was talking to a surgeon, anesthesiologist, and that intimidating orthopedist. I was telling them what they had to do. Then I said to the orthopedist, "For the duration of the war, you are to grow up. When the war is over, you can start being a child again." He was shocked. He never caused a single problem after my talk. I never saw him again. Six months after I returned home, he sent me a letter of apology. He thanked me for what I did, and added that serving at Al Khanjar was a life-changing event for him.

Donald Arthur was the biggest recurring problem. Every complaint focused on him. He could not be a team player. Many at the center had similar opinions of Arthur. The most honest statement I can say about Arthur is I didn't see him for the "100-hour ground war."³⁵ As a matter of fact, I stayed in the ER for the full 100 hours and covered all his shifts. A full week later he showed up while I was sitting on a stool in triage working on getting our patients evacuated. He interrupted me and first apologized for the rage attack over a week before. Then he asked me to cover for him for his remainder of triage duty because he had to make arrangements after midnight to go down to the prisoner of war camp. He told me he was hand-picked for this job.

When I began to counsel him on his behavior to date he stated, "You're right. I'm sorry." He was far from being sincere. He immediately changed the subject and said that he had written himself up for a Meritorious Service Medal, claiming he had personally triaged and treated 259 Iraqi casualties. He wanted me to sign the paperwork at that time. I was dumbfounded. He had no idea I had covered for him the entire time. I knew his statement about triaging and treating "259 Iraqi casualties" was all a lie. I just told him he was dismissed.

I gave everybody my best advice, trying to turn them around. And everybody followed my advice almost immediately, except for Donald Arthur. I wrote that the only problem I had was with Arthur, and I mentioned him in my journal.

³⁵ The "100-hour ground war" (February 24-28, 1991) was the culmination of Operation Desert Storm.

Q: He was AWOL [absent without leave].

A: He was AWOL. He showed up for the group photo after the 100 hours. I have a picture of the men and Arthur is standing with the group. Cdr. Brown added, "I had to be sure that everybody was there and that everybody had a chance to have their picture taken as a group." Barney Berendse told me that as they were waiting for photos to be taken, he remembered seeing Arthur and exclaimed, "Look who showed up!" That was the first time we saw Arthur. He ended his 100-hour disappearance because he found out that somebody was going to take photographs.

By that point, everybody was proud of their accomplishments. And I was glad that they felt this way about themselves and the teamwork. At every opportunity I told them, "You did a damn good job." I had brought these people together to do a job and they excelled at doing it.

Q: Do you remember the day the war began?

A: I was told the ground offensive was to begin at 1800 [February 24, 1991]. But we were not to tell anyone until two hours ahead of time. I spent time in each tent. I wanted people to know that they mattered, what kind of situations might arise, and any possible contingencies. But I think everybody knew.

More scud [tactical ballistic] missiles were coming over us. We could look up and see them. They looked like they were slowly moving, but clearly they were going very, very fast [1.1 miles per second] and hit farther south. The artillery barrages and the bombing also got more intense.

The Iraqis set fire to more than 600 oil wells on their retreat to Iraq. Smoke covered the landscape. I took a photo of our Humvee at noon and only its outline was visible. Even in daylight, we couldn't see anything. This smoke-filled darkness went on for almost three weeks. I had to use an inhaler for my asthma. The desert was strewn with used inhalers.

The reason the war did not start earlier was because the wind was blowing in one direction. If the Iraqis were going to use chemicals, the toxic properties of the chemicals would come in our direction. All of a sudden, we could see the wind had changed.

Q: When did your first casualties arrive?

A: We got them around 8 at night [February 24]. Everybody came out because they wanted to see what the enemy looked like--and what the Marine casualties looked like. We had only a handful of casualties before a big lull set in. We got some more casualties during the night. The next day was much busier, and the next two days even more demanding. I was on full duty the next day and evening. Arthur was supposed to show up for duty--but he didn't.

Q: Was he expected to be in triage?

A: Yes, resuscitation and triage.

Q: Who were the first casualties to arrive, Iraqis or Marines?

A: Marines.

Q: Marines?

A: Yes. We didn't get any Iraqis for a while, but then increasing numbers of wounded Iraqis began arriving. Most were young and they were Shia [one Islamic sect] and Saddam was Sunni [another Islamic sect]. The front line troops were Shia with Sunni commanders. Some of the prisoners told us right away that the commanders were shooting some Shia soldiers because these soldiers didn't want to fight. If Shia soldiers put their weapons down, they were shot. The Shia casualties were telling me that they were running in our direction and their commanders were shooting them in the back.

We saw Iraqis who had been underground in a sitting position for two weeks. They had defecated in their pants because they couldn't move. These Iraqis were malnourished and dehydrated. One Iraqi died. A surgeon started to take care of these Iraqis. I said, "First, get an internist to see him. These guys are dehydrated." He later died.

Q: What kinds of wounds did you see? Were they mostly gunshot or shrapnel wounds?

A: Both. Most of them were probably from mortars or artillery. Those kinds of wounds were true for the Iraqis but not for the Americans. The Americans suffered mostly gunshot wounds.

Q: So it was the Iraqis who had the shrapnel wounds?

A: Yes, they were hit a lot and they continued to be hit. It was very sad. The Shia were the fodder who got killed on the Iraqi side. They had no evacuation system set up for the foot soldiers. They just died in place unless we did something for them.

Q: Were you able to leave the hospital at some point and see evidence of the fighting? Were you able to go up into Kuwait?

A: Yes, once most of the fighting was over.

Q: How far into Kuwait did you get?

A: Just outside Kuwait City [on Kuwait Bay]. I did not get into the city. We found remnants of an outpost but had to leave before nightfall. The next day, as we walked by this former outpost, a mine exploded. We had heard rumors that the Iraqis had mines that would blow up the second or third time they were touched. It probably was one of those mines that I came so close to.

Q: Was anyone injured?

A: I believe so. I had walked by that mine or walked right over it.

Q: How long had the fighting stopped before you took this little trip?

A: Six days.

Q: Six days. So the war was pretty much over.

A: Yes. We were still seeing some Iraqi wounded and trying to evacuate other casualties we had treated. But we were beginning to shut down. I think we finally left on March 11th. But as soon as we went back to the Al Mishab area on Saudi Arabia's east coast, I was no longer the SMO. Al Khanjar disappeared. Everyone went back to their own companies.

But before everyone left, we had a rating meeting. I saw all the medical officers, dentists, nurses, and MSCs at this meeting, as well as those from other companies who were along the Kuwaiti border. People knew each other. One guy stood up and talked about how he and some other medical personnel were going to rate everybody based, on how they performed their duties.

He then announced that I was rated number 1--and it was unanimous. I was standing on the side and exclaimed, "Whoa! Wait a second! I'm a reservist. I don't even think you guys know that. I'm not in your system. Please take my name off. You guys deserve it." It was another opportunity to tell them that they performed superbly. We never discussed the past--the horrendous situation that existed before the war began.

When the meeting was breaking up, several junior officers came up to me, but only one officer spoke for the others. He said he and his fellow officers wanted me to court-martial Donald Arthur "for dereliction of duty and failure to report." Those were the officer's words.

I thought for a second and then stated, "He's a tragic case. He's never going to go anywhere in the Navy. I really feel sorry for him. His Navy career is over." Those were the terms I used. I saw Arthur as a tragic case. I added that Donald Arthur was a blatant liar and made up stories as he went along. I continued, "If you want to discuss this court-martial further, you can bring it up with his commanding officer when you get back. I'm no longer the SMO." I suggested they also go see Cdr. Brown. They acknowledged what I suggested. It was a very brief meeting.

Q: When did you leave for home?

A: We all left about the same time in early March 1991. We flew to Spain on a C-141. We landed at Torrejon Air Base in central Spain. The scenery was beautiful. We then got back on the plane and landed in Massachusetts in the middle of the night. It was cold when we got off. I could see an outline of a hangar and just one light over the door. We all rushed into the hangar to get warm, but when the door opened, it was dark inside. The lights went on suddenly and we saw a massive number of people inside. And this was way after midnight. Food, photographs, and autographing awaited us.

Q: Very different from your return from Vietnam!

A: Yes, very different. We then flew back to Camp Pendleton. An ER doc friend of mine, who lives in San Diego, arranged to have Phyllis in San Diego to meet me. That was quite a surprise. Phyllis and I then took a local plane up to Monterey. We always loved Carmel. Then it was on to Honolulu. The nursing staff and other medical personnel from Kapiolani Medical Center for Women and Children greeted us at the airport.

At that point, I learned that my friend, Dr. Zonghao Li from Beijing Emergency Medical Center, was coming so I had to be a host right away. We were living on Maui in 1975, and I was commuting to Honolulu to be a professor at the University of Hawaii Medical School. My Chinese friend came with us to Maui. When we got off the plane, the Maui press was waiting for me. We spent some time a few days later unwinding below the 10,000-foot Haleakala Crater. We lived at the 4,000-foot level where it was cool and quiet.

Operation Provide Comfort: 1991 The Kurdish Crisis

Shortly thereafter, someone from the American Red Cross called to say a contingent of Red Cross administrators, who had previously met with Saddam Hussein was going into Kurdistan [autonomous region in northern Iraq]. The Red Cross wanted me to join them. Those Red Cross representatives were hoping to negotiate with Saddam for better living conditions for the Kurds in the refugee camps.

Q: Did the Red Cross administrators tell you why they wanted you to go with that relief organization?

A: I was certainly well known with the Red Cross, so they asked me to be their medical person on the scene. I had the title of Medical Advisor to WHO [World Health Organization]. I was the first civilian-military liaison.

The ICRC [International Committee of the Red Cross] and the Red Cross had me on their rolls. The Kurdish crisis [1991] had developed and the U.N. and Red Cross were setting up camps in northern Iraq.³⁶

Q: Did you know what was going on in that situation with the Kurds?

A: The Kurds were in the news after I came back from Iraq in March 1991. Saddam Hussein was still pursuing his enemies even though the Persian Gulf War was over [Feb. 28, 1991]. Saddam had been allowed--by the agreement that ended the war--to use his helicopters. And he used those helicopters to go after the Kurds and kill them. The agreement contained a no-fly zone stipulation that no Iraqi plane could fly higher than 1,000 feet. But that did not include helicopters. About 10 days after I got back home to Hawaii, I found myself on my way back to Turkey. We landed at Incirlik Air Base [east of Adana] in Turkey. And then we drove east up into the hills on the Turkey-Iraqi border.

Q: What did you see when you got to that region?

A: It was warming up but the Kurds had been through a terrible winter. They were living on the sides of mountains, primarily women, children, and the elderly. I believe the ratio was 50 percent children, 30 percent women, and 20 percent elderly. No young men were here. They were either fighting or had already been killed. The Turkish police and military were doing all they could to prevent the Kurds from going into Turkey. Remember, there's no love lost between the Kurds and the Turks.

³⁶ In 1991, immediately after the Persian Gulf War, Kurds in northern Iraq rebelled against Saddam Hussein. Saddam responded with massive retaliation. Survivors fled across the Turkish border where an estimated 200,000 Kurds took refuge. Within days, 1,500 had died of exposure. A month later, most refugees returned to Iraq, but their survival in wretched mountain camps was tenuous. A northern no-fly zone was established by the U.S., which also offered humanitarian assistance to deal with the crisis.

Several NGOs [non-governmental organizations] were already operating in this region, and I thought they were doing a very good job. The U.S. military was sending in food and medical supplies and taking garbage out by helicopter. Some of the European NGOs were operating field hospitals and cooperating with our military.

We were all assessing what the situation was, namely, the Kurds couldn't live on the mountainsides under those conditions. As part of that operation, we were going to be build camps for them. The military personnel, who helped with constructing the camps, had dug holes for the latrines facing Mecca. I adamantly said, "No, you're going to have to re-dig the latrines facing another direction." But one inexperienced military officer said, "We'll keep them." When the Kurdish refugees arrived, they objected to the latrines' direction so they had to dig new holes. Cultural lessons are always learned the hard way.

Q: It was the cultural issue again.

A: Yes, again. The arrangements were made for our Red Cross team to go in and negotiate to get the Kurds back to northern Iraq. So we boarded a helicopter and went to Istanbul where we got into cars parked right on the runway waiting for us. The windows of the cars were blacked out, and for about 30 minutes we just drove around inside the perimeter of the airport. We didn't know where we were. It seemed ridiculous but apparently the darkened cars were to ensure that nobody knew we were in Turkey or where we were going. We had entered the country illegally yet these cars were a cover for Turkey's cooperation.

We were then put on a plane and sent to Amman, Jordan, to meet with the Jordanian Red Crescent³⁷ and other leaders. We had many discussions about the refugee crisis. We also met with the Crown Prince [Hamzah] and Princess [Raiyah].

We went to the eastern part of Jordan that contained large Iraqi refugee camps. They were massive but run very well. I've been to a lot of refugee camps and have assessed many, but these were the best camps I had ever seen.

Q: Who was running these camps?

A: The Jordanian Red Crescent. We drove across the desert in a Red Crescent vehicle with some supplies. It was a long 13-hour trip east to Baghdad.

Q: This trek was from the Jordanian border to Baghdad?

A: Yes. We were stopped, of course, at the border. We had to get out and be searched, and soldiers opened the trunk. While we were standing there, a vehicle was going west in the other direction toward Jordan.

Q: While you're standing there in the desert?

A: Yes. Vehicles were going both ways. While we were being searched, we noticed another vehicle right next to ours. The guy, who was heading west toward Amman, Jordan, opened the

³⁷ The Jordan National Red Crescent Society, headquartered in Amman, Jordan, is part of the International Red Cross and Red Crescent Movement. Its mission is analogous to the Red Cross's undertaking--to provide humanitarian assistance.

trunk of his vehicle. The trunk was filled with AK-47s and rocket launchers. The guards never blinked. It was obvious that gunrunning was going on in both directions.

We finally continued our trip east, passing through Ramadi and then Fallujah where we stopped. I'd been in Fallujah [halfway between Ramadi and Baghdad] a number of times. Fallujah had a long-term refugee camp filled with Kurds. It was the worst camp I had ever seen. The refugees were starving and the water was filled with feces and oil. They lived in hovels. This camp was in the Sunni run part of the country outside of Baghdad.

We drove into Baghdad and registered at the Rasheed Hotel. The building next to it had been bombed by the Americans. The man in front of me registering at the desk was the only other person we saw besides the three of us. He had bandoliers of shells across his chest and an AK-47.

The elevators were not working so we walked up an unlighted staircase to the seventh floor. My room was small but nice. The water was very sluggish coming out of the tap, and it was thick as chalk. The toilets flushed but they were the only fixtures that worked. We were hungry so we decided to go out to a restaurant, but we were the only diners. The waiter handed us menus and then came back. We tried to think of something really simple to eat. After everyone ordered, the waiter told us the kitchen didn't have any of the foods we requested. One of our threesome, Mohammed, asked him what he had. He said that the restaurant had Spanish rice--and that was it. I don't know why he didn't tell us that at the beginning or the purpose of the menu.

Q: Maybe he didn't want to lose your business.

A: Yes, I've often thought of that event. We returned to the hotel and went to sleep. The next morning we attended meetings. The morning meeting was four hours long. An Iraqi official just tore apart Americans and the allies and harangued us about the terrible destruction we had caused. We sat there and remained calm.

Q: What was your mission at these meetings?

A: The mission was to convince Saddam to let us bring the Iraqi Red Crescent Society through the American lines and begin negotiations with the U.N. The delegate from the U.N. was about to arrive in the camp in a few days. We needed to engage with the surrounding countries' Red Crescent societies to help get the Kurds back to their homes in northern Iraq.

After lunch, the Libyans asked where Saddam was. One Libyan said, "If we're going to negotiate, we want Saddam to be here." We were told he was in the same building, but we couldn't understand why he wouldn't attend the meeting. But then we realized that as we were conducting the negotiations, a woman would get up periodically and leave our room. Several minutes later she'd return and whisper in the ear of the main Iraqi negotiator.

But the Libyan member of the team wasn't happy with this arrangement. He was upset and bluntly said, "Nobody makes any decisions in this country except Saddam. We need to talk to him." So we laid out very plainly the reason for these negotiations. We were there to take the Kurds back to the cities where they came from. Yet nothing else happened that afternoon. It was about 4 p.m. and I hadn't said anything. I had gotten up just to stretch and take some

photographs. But I never said anything. As the talk was winding down, I finally felt it was time to speak up.

I blurted out, “It seems to me that after all that has happened,” meaning the war without mentioning the war, “Saddam would want to be seen by the world as a humanitarian. These are his people.” I was aware of the psychological profile on Saddam and his narcissistic pathology. I was playing into his need to be seen as someone great.

So after I spoke, the Iraqi side of the room buzzed like crazy. The same woman got up, walked out, and was gone about 20 minutes before she returned. It seemed Saddam had decided to invite us to stay for the next week, and he would consider our proposal on the Kurds. We stayed for several days and his military took us all around Iraq by helicopter. If I hadn’t spoken, we would have been on our way back to Jordan.

I had my military ID in my shoe, but the Iraqi officials had no idea who I was. They only knew I was a doctor and had a camera. And they didn’t ask me any questions. Nevertheless, they were very curious about me. It was only after I spoke that they gave me my own guard. A really large fat thug never left my side. I tried to engage him in light conversation but I got no response.

The next day we were able to go to the Red Crescent Society, which, I thought, may have been a result of what I had said in the meeting. Saddam invited us over the following week to see the destruction from the war. We flew in an Iraqi helicopter over most of the country from Basra to the hills in the north. We saw tank farms. The Iranian enemy was still around. The Iraqis were afraid that Iran was going to take advantage of the situation and invade.

One day we flew low and saw a monstrous tank. Instead of a turret, I saw a massive metal Pegasus horse’s head. I asked one of the Iraqis on board about that symbol. I got out my camera but he pushed it aside. I couldn’t take the picture. He then said that the tank belonged to Uday, Saddam’s son.³⁸ The tank had huge speakers on each side, and Uday, with heroic songs blaring would lead the tank charge and his Iraqi troops into the battle against the Iranians. Uday was in the shiny all-black lead tank, which was much larger and intimidating than the other tanks.

We went down to Basra [southeast Iraq] and saw big ships now sunk and laying on their sides blocking entrances to the harbor and docks in the Persian Gulf. The hospital in Basra was in bad shape. The neonatal critical care unit was bombed out as were a lot of the wards. The staff emphasized this bombing was not from the Iraqi forces but a result of shelling from the coalition forces.

The next day we flew by helicopter from Baghdad to Karbala [central Iraq]. The following day, someone decided we would go north to Mosul and then on to the Turkish border. On that flight I finally was able to slip away from my ever-present guard—at least temporarily. At the last

³⁸ Uday Saddam Hussein al-Tikriti was the eldest son of Saddam Hussein by his first wife, Sajida Talfah. He was killed with his brother Qusay, and nephew Mustapha, after a three-hour firefight in Mosul in 2003 by Task Force 20. That task force was a U.S. Special Operations unit aided by troops of the U.S. Army’s 101st Airborne Division.

moment I grabbed the one remaining seat facing outside. The guard was visibly angry and had to maneuver over to the opposite side to get the last seat available. This opportunity allowed me to take some photos. We saw full-size wooden jets built on the runways of the Mosul military base. They looked real but on closer inspection, we could detect that they were a good imitation of modern-day jets on stilts.

Saddam was not to be seen and rumors flew around that he had either been either killed or severely wounded. The day before we flew up to Mosul, Saddam emerged defiantly shooting and waving a rifle. There's a famous photo of Saddam [Nov. 5, 1992] on the balcony of the Presidential Palace in Mosul. He was very thin and obviously had been ill. That was his way of showing the world that he was still alive. The confidence of many Iraqis visibly changed.

We were then all placed into one vehicle and driven up to Dahuk [north of Mosul], a beautiful mountain city in northern Iraqi Kurdistan. It was normally home to 350,000 inhabitants but was now totally empty. Dahuk was like no other place in Iraq. It was all Kurdish. But it looked like a neutron bomb³⁹ had hit it. No one was living in Dahuk but the structures remained intact. It was quite eerie.

Then each of us was ushered into separate vehicles with Iraqi guards wearing civilian clothes. My group spoke no English. But these guards were clearly Saddam's trusted security people. We weren't going to fool with them. We started going up a long well-paved highway, totally absent of any traffic or signs of life. The road led all the way up to the Turkish border. About 30 minutes into the trip, one of the vehicles signaled, stopped, and a few guards got out. They were actively debating some concern and pointing to my car. We then turned around and went back to Dahuk, wondering what the hell was going on. We didn't know until we got back to Dahuk that they had opened the trunk of my car and took out a number of loaded rocket launchers.

Q: This was a government-supplied vehicle?

A: It was a regular car almost like a nondescript rental car. But it had no official markings on it unless the license plate had a special indication. As we got up to our destination at the border with Turkey, we could see that the Marines had put up a checkpoint several miles south of the border, flying the largest American flag they could find. They obviously knew we were approaching. Gen. Anthony Zinni⁴⁰ later told me, "We knew you were coming. We had planes up there. We knew exactly where you were all the time."

Q: But you didn't know that at the time!

A: No, we didn't know that. They obviously had a good intelligence system going, which I knew nothing about. That was also the day a big flagpole, which was held in place by MRE

³⁹ An enhanced Radiation Weapon [ERW] is a low-yield thermonuclear weapon designed to maximize lethal neutron radiation in the immediate vicinity of the blast while minimizing the blast's physical destruction.

⁴⁰ Gen. Anthony C. Zinni, USMC (Ret.) is the former Commander in Chief of the U.S. Central Command [CENTCOM]. In 2002, he was selected to be a special envoy for the United States to Israel and the Palestinian Authority.

[Meals Ready-to-Eat] boxes was erected. The United Nations flag was raised in the newly built negotiating tents for the U.N.-Iraqi talks involving the few government people we brought up with us. Actually, the U.N. delegation and the Iraqis arrived at the same time so the Iraqis witnessed the flag ceremony, as clumsy as it was. We were cutting it close.

The U.N. special envoy was the tall distinguished Staffan de Mistura from Italy. Discussions began immediately with the delegates we brought up from Mosul. Because it was getting late, we all returned to the vehicles to make the long trip back to Baghdad. It was interesting having to cross back into Saddam-controlled Iraq. We didn't get back to Baghdad until 11 p.m.

Q: Were you in Turkey?

A: Actually, the camps were still in northern Iraq on the Turkish border. The Turks had guards along the valleys where the base of the mountains became Turkey, preventing any Kurds from coming in.

Q: So you were not in Turkey?

A: No, I was right on the border in the mountains where the refugee camps were located. Had the Kurds been allowed to enter Turkey only a few miles away, they would have been in wonderful fertile valleys with plenty of water. But they ended up trapped in the mountains facing horrible conditions. It was all preventable.

That's when we had the meeting with the Iraqi Red Crescent officials. It was at that meeting when we were told that a peace treaty had been signed. Kurds, represented by [Masoud] Barzani and [Jalal] Talabani, were competing for power over what was going to be the new Kurdistan. The Kurds had an opportunity to break away, but the leaders signed a peace treaty with Saddam Hussein. We couldn't believe it.

Q: So a peace treaty was signed between the Kurds and Saddam?

A: At the same time, the Americans decided to institute the new no-fly zones. At least they got the Kurds out of the camps on the Turkish border and back to Dahuk and other cities. But many refugees still remained in those camps for a long time.

Q: Can you describe the conditions in those camps on the mountainsides of the Turkey-Iraqi border?

A: The conditions were horrifying. Small tents were pitched at an angle, filled with mostly women, children, and the elderly. The Kurds had no water. The ground consisted of volcanic grayish black sand. They had no place to defecate and they had no sanitation. The Kurds had nothing. Supplies were being brought in but these conditions were shocking.

Q: What shape were these refugees in?

A: They were in bad shape, especially the children. Eighty percent of the children died from diarrhea and dehydration. It wasn't any bizarre infectious disease, just the same viruses and common bacteria that would hit any population, even our own, if sanitation was poor. We suspected cholera, of course, but did not see any incidents except for one camp that had 131 cases. But those cholera cases were nipped in the bud and isolated. We didn't get any further reports about cholera.

We had German national teams, World Health Organization teams, and French teams on the scene, all doing a good job. The NGOs did a wonderful job along with the military. This multitasked force was called “Operation Provide Comfort.” Personnel from Médecins sans Frontières [MSF], that is, Doctors without Borders, usually prefer for neutrality purposes, to stay clear of the military. This organization said that the American military did a good job heading this multi-nation group under the auspices of the United Nations. The U.S. military provided security, transportation, communication, logistics, and let the NGOs do all the other work. It was an arrangement that worked efficiently. That model should be used today in some complex humanitarian emergencies.

Later, during the Somali crisis, all that was gained from the Kurdish crisis experience was lost as the U.S. military relationship with NGOs soured and everything fell through the cracks. Politics had invaded humanitarian aid and care, making it almost impossible to coordinate the work. As far as I can tell, Operation Provide Comfort was the first and last time such an effort worked effectively.

After Baghdad, we headed back to Jordan. By then I was very sick with a gastrointestinal condition. Nevertheless, the others were dispatched to meet the Jordanian king [King Hussein], and I was placed on a Jordanian flight to Austria and then on to Germany to meet with the EUCOM [U.S. European Command] commander.

Q: In the condition you were in?

A: Yes.

Q: Putting you on a plane?

A: Yes. I had to go to the Jordanian airport’s bathrooms every 20 minutes. When I boarded, I was seated in first class on Jordanian Airlines, which consisted of only three rows against the bulkhead. I was the only Caucasian. When I sat down in my seat, my intestines were audibly growling. I was pale and sweaty and I certainly looked sick because I was sick--and seemingly getting worse. I had not slept after the 13-hour road trip across the desert.

The plane took off and when it finally got to altitude, I jumped up because I couldn’t hold on anymore and ran right to the john. After I was in the john for a while, I came out and sat back down in my seat. The flight attendants and two security personnel, who were all men, then checked the john to see if I had stashed a weapon inside the lavatory. They had no idea who I was or why my flight was arranged at the last minute. Every time I ran to the john, the same ritual happened. They were certainly glad this strange American finally left the plane.

When we landed in Austria, the military picked me up in a Learjet and took me to Stuttgart. I never left the airport. By that time, I was feeling a bit better. But on arrival, I went right to the general in charge at EUCOM and fully briefed him. They realized how sick I was so they took me over to the infirmary and started me on some tetracycline.

I then gave several other briefings, telling them what the situation was. They were aghast at what I told them and what they saw in my photographs. I then flew all the way back to Incirlik, Turkey, on another Learjet where I briefed Gen. Zinni.

Q: Did you have any time to recover from your illness?

A: No. No recovery time. At Incirlik, I briefed Gen. Anthony Zinni and Gen. John Shalikashvili.⁴¹ I don't think I told them anything they didn't already know.

Then back to Stuttgart again and finally home. On the way back, I briefed people in Washington at the American Red Cross. I certainly had a unique adventure.

It was sad that the Kurds never got the independent Kurdistan they had worked for since 1978.⁴² It seems like they had lost their greatest opportunity to be an independent state or federation. They just couldn't get along with each other. There was so much infighting among them that remains today.

Q: Kurds were on both sides of the Iraq-Turkey border, too.

A: You could never keep track of which ones were doing what. But no permanent camps came close to the Iraqi-Kurd camps because they were in the isolated mountains of northern Iraq.

Q: So did that complete the Operation Provide Comfort chapter?

A: Yes. And, of course, the no-fly zone existed then for a long time.

Iraq War: 2003

Interim Minister of Health

Q: You were pretty much finished with Iraq then and you moved into a new chapter?

A: I was finished with Iraq for the time being, but I wasn't really finished with Iraq.

Q: Are you referring to the Iraq War that started in 2003?

A: Yes, the 2003 war. That was when I became the first Interim Minister of Health.⁴³

Q: How did that position come about?

A: The George W. Bush Administration was in office and Andrew Natsios, the administrator for USAID [U.S. Agency for International Development], was a friend. He offered me a White House appointment, which was an honor. I became a deputy assistant administrator for Global

⁴¹ Gen. John M.D. Shalikashvili served as Chairman of the Joint Chiefs of Staff and Supreme Allied Commander from 1993 to 1997.

⁴² A continuing conflict between Turkey and several Kurdish insurgent groups has been going on since 1978. The Kurds have demanded separation from Turkey to create an independent Kurdistan.

⁴³ This was an interim position until the Coalition Provisional Authority turned the government back over to the Iraqis.

Health and USAID. But the main reason the Bush people wanted me was that I knew about complex humanitarian emergencies.

For the pending war, I knew we couldn't do anything about "shock and awe," which was the term used then for direct deaths and injuries due to modern weaponry. But I knew we had to work to prevent the indirect deaths that followed.

All wars destroy the public health infrastructure--water, sanitation, shelter, food security, the fight against infectious disease, and administering vaccines to prevent disease. For example, Kirkuk had outbreaks of measles because Saddam had not supported vaccination programs for over a year. With all wars, more people die from indirect public health reasons than by direct violence. We haven't seen a war where deaths from violence--shooting and bombing--exceeded more than 11 to 14 percent.

Within two weeks of the 2003 war in Iraq, more people, primarily women, children, and the elderly, died from indirect causes than by violence, even though the direct deaths were all Americans saw in the newspapers and on TV. The latest statistics show that at least 1 million Iraqis died, not just from violence but from public health issues. The public health system was totally destroyed, which included water and sanitation. We weren't just seeing outbreaks of measles. We were now seeing polio outbreaks because polio was coming in from Syria.

Indirect deaths from the breakdown of public health far exceed those caused by any kind of weapons. That has always been the case in wartime. I said our priority must be to restore the public health infrastructure, and that was my expertise and my mission until it was blown out of the water by the George W. Bush Administration.

My boss essentially was Colin Powell [Secretary of State, 2001-2005], and I worked with his people. We had never met but he knew who I was. I was working through his ambassador, Wendy Chamberlin.⁴⁴ Six of us met every day at 8 a.m. at the USAID office in D.C., in the Ronald Reagan Building and International Trade Center on Pennsylvania Avenue.

I was a little late one morning because of a snowstorm. I walked into the meeting, and the ambassador was pacing back and forth, talking on the phone. She was not happy. My group of six guys was sitting in silence. I sat next to Bear [Bernd] McConnell, who was the head of the U.S. Office of Foreign Disaster Assistance [OFDA]. I asked, "What's going on?"

He handed me a sheet of paper stamped "secret" at the top. It was one and a half pages with Pres. George W. Bush's big signature going from one side to the other. The confidential paper stated that all the humanitarian assistance, which we had been working on for a long time, was being moved from Colin Powell's Department of State--of which USAID is a part--to the Department of Defense [DOD]. Never in the history of the United States had such a transfer happened.

⁴⁴ Ambassador Chamberlin had been ambassador to Laos [1996-1999] and Pakistan [2001-2002]. In December 2002, she was appointed Assistant Administrator and head of the USAID Asia and Near East Bureau.

Humanitarian assistance was going from Powell to [Donald] Rumsfeld [Secretary of Defense, 2001-2006].

Bear McConnell said this was a mistake and that Congress would never allow this transfer to happen. The arrangement, as it was, was part of the Foreign Assistance Act modified in 1961 that Pres. [John] Kennedy set up. The act gave a great deal of autonomy to OFDA. That's how we bring most of the food to North Korea. Some Republicans in Congress have said you can't do that, adding, "Let them starve."

People in the United States don't realize that many foreigners think America is wonderful because of the Foreign Assistance Act. Those outside the U.S. know more about our Foreign Assistance Act than we do. It's universal and it's humanitarian. I got phone calls from legislators asking how we could continue to provide assistance. Let those people starve--or words to that effect. And it was always Republicans.

I gave briefing after briefing. We were going to try to keep the indirect costs down to the minimum as we recovered the public health infrastructure. I had a \$100 million contract with the World Health Organization to do surveillance. Some work was already being done, but this influx of money would allow WHO to go in rapidly and do surveillance and accelerate it once the invasion was over. That's the only way. If you do the surveillance, you know who's getting sick and dying from whatever source--whether it is lack of essential medications, contaminated water, etc.

But you have to know the cause before you can eliminate the mortality and morbidity. Then you put in the resources to solve the problem. I had a \$20 million contract with UNICEF [U.N. International Children's Emergency Fund]. USAID negotiated that contract. I was getting what I wanted and was eager to show that this was the correct model to follow, as it supported international humanitarian law requirements.

Q: Time-wise, what are we talking about?

A: The end of 2002 and the beginning of 2003.

Q: So this is the planning for the war?

A: The planning, yes.

Q: The war had not started yet.

A: No. We were very advanced in planning to rebuild the public health infrastructure. And then that morning meeting occurred. The ambassador got off the phone and said, "Well, Colin's not there. He's not in the office yet. He'll call back as soon as he comes in." And so the soon-to-be director of the Office of Foreign Disaster Assistance [OFDA], Michael Marks, and the rest of us waited. I was part of the DART team.

Q: What was the DART team?

A: The Disaster Assistance Response Team. That team goes in with the experts and does all the emergency procedures to bring back some stability. I was the head of the DART health team

until I got into Baghdad at which time I was to become the first Interim Minister of Health. So I had two duties.

But back to that meeting at the Reagan Building. Bear McConnell and Michael Marks told the USAID ambassador that DOD [Department of Defense] taking over from the State Department had to be a mistake. This transfer couldn't be happening. DOD doesn't have that expertise and shouldn't have that responsibility under the law. Bear insisted that Congress would never let it happen and its members would be upset when they heard about it.

During our conference, the phone suddenly rang. Ambassador Chamberlin picked it up and we heard the voice, "Colin here." She simply lit into him.

She angrily asked, "Why didn't you tell me this was happening? I'm your ambassador for the Near East. Why am I hearing about this now? How could you do this to me?"

You could hear total silence. We all looked at the intercom microphone placed in the middle of her desk. We stared at the microphone anticipating some clarifying news. The ambassador spoke again saying, "Colin are you there?" He suddenly cleared his throat so we knew the microphone was still on. And then he cleared his throat again and said, "I have absolutely no idea what you're talking about."

So the President of the United States moved everything that was historically part of the State Department from his Secretary of State to his Secretary of Defense, Donald Rumsfeld, without even telling Colin Powell. And that's part of this history that few people know anything about.

The following day, we were told that a general [Jay Garner] was going to take charge--that very day--as the director of the newly named Office of Reconstruction and Humanitarian Assistance [ORHA]. When he arrived in the office, I noted an air of anticipation and hostility. Gen. Garner's a really nice guy, very affable.

He came in and shook hands, and asked, "Skip, how are you?" We had met before. Everyone looked at me as if to question, "You know this guy?" I knew him during Operation Provide Comfort and I was shocked he remembered me.

Jay Garner then said, "I'm going to let you guys do everything. I just want to be sure that you have everything you need. Nothing's going to change. You're in charge." He would have let that transfer happen because he had the Operation Provide Comfort model in his head. I was assured by his comments.

But we had reason to be concerned. First, I was already named as Interim Minister of Health. Other people had been named different ministers from the State Department side. What was our future?

Q: This would all be assumed under the occupation?

A: Yes. Then we started learning over the next several weeks that Jay Garner was politicking to keep many of these USAID/OFDA people in place, me included. Rumsfeld wanted

more military. I waited for the ax to fall. I did not find out the details of this transfer until several years later when Bob Woodward wrote his third book, *State of Denial: Bush at War, Part III* [2007]. Woodward described a meeting between Gen. Garner and Rumsfeld. And Rumsfeld demanded, "I want this person." He wanted a military person in Iraq to run the health task force. And Garner argued against it. Garner said, "I want Skip Burkle. He's the only one who can do this job. I want him." And they argued back and forth. And so I was the only person from the original list Rumsfeld allowed to stay. Plus I was a retired Navy captain.

Rumsfeld put together a team of medical people under the leadership of a politically connected Navy lieutenant commander, who began to chip away at all our USAID plans. In the normal course of such events, the Office of Foreign Disaster Assistance team--Bear McConnell, Michael Marks, myself, and others--would normally meet with our international counterparts--WHO, UNHCR [U.N. High Commissioner for Refugees], other U.N. agencies, and ICRC. This meeting would happen in Geneva. We knew these professionals well, respected them, and we had worked with each other in the past. We always communicated. We were all on the same team trying to get the same job done.

We had a meeting scheduled in Geneva, but the military cancelled it and sent their own teams over to Geneva. That's when I realized that I was going to be taken over. This situation was ridiculous. That same day, those in charge in Geneva called me, asking about these new Rumsfeld teams and their lack of knowledge, especially on what was required under international law. My counterparts in Geneva were asking us why we let it happen. The new teams knew nothing about humanitarian relief, yet their focus was demanding to know what the International Committee of the Red Cross and other organizations were going to do. When those organizations then asked what the U.S. and the U.S. military were going to do, the new Rumsfeld people said it was secret information that they would not share. This was taking it much too far. There are no secrets in these humanitarian matters. It was clearly a violation of the 1949 Geneva Conventions.

The Rumsfeld people knew nothing about relief and even less about international law. I was told they were ignorant of international law and they were obnoxious in the way they treated their international counterparts.

At a USAID meeting, a lieutenant commander started off telling everybody what humanitarian work consisted of. He was ignorant of the fact that he was talking to seasoned professionals with lifelong experiences under their belt. Before this assignment, he never had anything to do with humanitarian work! Abruptly, he said he had to go. I was chairing the meeting, but I got up and walked out to the narrow hallway and stopped him. He knew I was a retired Navy captain. I really lashed into him. I said with as much confidence as I could muster, "You're f---ing obnoxious. You don't know what you're talking about. You talked down to professionals who have more relief experience than the entire Navy!" We've had some encounters since that time, but he was the worst person I ever had to deal with and the poorest choice Rumsfeld could ever make.

I didn't know it at the time but I was the only person from Colin Powell's original list who remained. Everything we were promised was being taken away. Then I was told that the

contracts with WHO and UNICEF were being cancelled. According to Rumsfeld, the war was going to be over in three weeks, and therefore the U.S. had no need for these two U.N. agencies. Rumsfeld justified this decision by saying that we were not going to be in Iraq long enough.

But the biggest shock happened when I was in Baghdad as the new Interim Minister of Health. Rumsfeld declared that the U.S. forces were not “occupiers” but “liberators.” So we were not required under the Geneva Conventions and international humanitarian law to do any of these humanitarian requirements, such as restoring the public health protections required as occupiers under Articles 55 and 56 of the Geneva Conventions. I don’t know why I didn’t quit then. I couldn’t quit unless I left the Bush Administration, which I ended up doing. I resigned weeks later when I came back to Washington from Iraq.

On the initial trip to Iraq, I had talks with Garner and his deputy, also a retired Army general. I told him what I thought was going to happen. They were very interested and listened. But they added, “We’re going to get Saddam out of there, give Iraq back to the Iraqis, and leave.”

I reminded them that all the ministries were run by the Sunnis, and you needed to get rid of that layer. I knew everybody in all three or four layers of the Iraqi equivalent of a health ministry. I also knew who I wanted to keep in and who I needed to serve under me. Essentially, it was the top layer of administrators I would remove. Many Iraqis were in the Baathist party, but they were forced to keep their jobs. A clean sweep was ridiculous and unwise.

When the invasion began [March 20, 2003], everything went very quickly. The first news was that Baghdad was a mess with much looting. We were getting reports from the airport about the looting, especially in every hospital and clinic. The airport was eight miles west of Baghdad. Area-wise, Baghdad is as big as Los Angeles and San Francisco put together. Widespread looting was occurring. So Garner told me I was going to Baghdad to cease the looting--nothing more, nothing less. That was all I was told. Stop the looting.

Q: Garner told you that?

A: Yes. Jay Garner. His team had nothing else to say, just that it was going to be some simple task. I was going to focus on stopping the looting in the hospitals--if I could. Journalists were reporting that Yarmouk Hospital, the 1,000-bed public health hospital was treating multiple casualties. But looters had stripped them of everything--major medications, emergency equipment, key electronic components of sophisticated diagnostic equipment, dialysis machines, cardiac monitors, and essential wiring for electricity. They removed hospital beds and threw surgical patients onto the floor of post-op wards to steal their beds. The looters even stole the motherboard of the CAT scan. Similar plundering occurred at all the other hospitals. People were afraid to go to the hospitals. Casualties weren’t getting treated. Most of the problems were health related. I called someone at the ICRC on a satellite phone. They knew who I was and I agreed to an urgent meeting.

I was on the third plane that landed at Baghdad Airport. The pilot had turned off the landing lights. We met with soldiers on the ground who wore infrared gear. We then sped off to the hangar. The next morning, I met with the aide of the Marine general. I said, “My OFDA

/DART handler and I have to go into Baghdad as soon as possible.” One day passed and then another went by. The general essentially said, “We weren’t prepared for this. We’re not policemen. We’re Marines.”

Under the agreement reached between DART [Disaster Assistance Response Team] and the military prior to our departure from Kuwait, we were to be furnished with an armored vehicle. Military forces, however, had claimed it was safe to travel in a non-armored or “soft-cover” vehicle [an ordinary unarmored vehicle].

It took us three days to get to Baghdad. My handler wanted the armored vehicle. I said, “No, I’ll go in soft.” Two armored vehicles belonging to the general were in the hangar, but the Marines weren’t going to give up either one. My handler from OFDA then said we were going back to Kuwait. So that’s when I went to the general through his aide. I said, “Okay, I’m going back to Kuwait and I’m going to have to tell Gen. [Tommy] Franks that you’re not helping me get into Baghdad.”

The Marines were angry because they realized that this war was going to be bigger than they thought. They recognized that the various military situations weren’t going to turn out the way they thought. These were just assault troops, and the U.S. military didn’t have the needed personnel, such as military police, to pacify the situation. We didn’t have anything. And, as far as putting public health officials in place and bringing in resources, that was way down the pipeline. The U.S. had no plans in place for handling that problem.

Within 20 minutes, I had a convoy of five Humvees. Two Humvees with automatic turret guns were placed at the front and rear of the procession. The second and fourth vehicles were open bays, containing four soldiers armed with automatic small arms. The third vehicle was an armored Humvee, which I rode in. We had satellite phones for communication. I was the only civilian-- and Iraq’s Interim Minister of Health.

Baghdad had a few isolated Marines with tanks and Humvees, but otherwise nothing. Baghdad was a no-man’s land. People were staying in their homes. When we were searching for the ICRC building where I had set up an emergency meeting, we saw large groups of young adult males, now out of uniform, congregating on street corners. They were peering at us as we drove by, some with hands raised in protest. Most were silent but I was very angry. It was not peaceful.

Accompanying us were Army Civil Affairs [CA] officers. The CA unit had organized a meeting with hospital administrators desperate to reopen their hospitals. The meeting was to take place at the ICRC [International Committee of the Red Cross] building in Baghdad.

The only remaining operating radio station in Baghdad broadcast my name as Interim Minister of Health. The announcement stated the time and location of the emergency meeting. A large crowd of Iraqis was anticipated.

It was April 13 [2003], four days after the declared end of hostilities in Baghdad. A big sandstorm had just blown through the city. It was not yet 2 p.m. as our convoy entered Baghdad, and yet the darkened sky made it appear to be dusk. Our five Humvees moved cautiously and

alone as we made our way east toward the “14th of July” Bridge [suspension bridge named after the 1958 overthrow of the Hashemite ruler]. The bridge spans the Tigris River. The roadbed was littered with battle debris.

Once we crossed the bridge and entered east Baghdad, we saw no evidence of coalition forces. A few Marine tanks were the only sign of an external presence. Nobody was around except on the street corners where 30 to 50 young adult males were congregated, giving us the stink eye as we drove by.

It was a scary situation. The maps we had weren’t very good and the streets had no name signs. We finally found the road entrance to the sandbagged ICRC building on a dead-end street, and we encountered a crowd of about 20 men and children. I stepped out and several Marines swarmed around me like a protective beehive. As I was walking toward the building, an older man suddenly appeared. He had white hair, which was slick and nicely combed. He spoke beautiful English and asked, “Who’s the Minister of Health?” I replied, “I’m the Minister of Health.” And as quickly as he appeared, he disappeared into the crowd.

The ICRC Head of Delegation came down to meet me. He and a small core of ICRC expatriates remained in Baghdad during the war to ensure that casualties were cared for and protected under the provisions of the Geneva Conventions. Nobody with weapons was allowed into the Red Cross building. So the Marines stood guard outside. I went in with three military Civil Affairs personnel who had no weapons.

I said to this ICRC official, “I didn’t know whether or not you knew that I was the Minister of Health.” I hadn’t told him that information on the phone. The official responded, “No, I didn’t know your title.” I continued, “Well, I just met one of your people.” The man stopped in his tracks and asked, “Who?” I replied, “Well, it must be an Iraqi who works for you.” I described his appearance. He said, “I have no one in my employment who fits that description.”

We had three hours of meetings. And that’s when I had to tell them that we were not “occupiers but “liberators,” and therefore we were not subject to the Geneva Conventions. The ICRC official conducting the meeting was livid. I said, “I’m just the messenger.” I had to tell him that I worked for the federal government. What could I say? I stated, “That’s why I came to you. Let’s try to do everything we can to mitigate this public health tragedy that is happening. I will try everything I can to change the U.S. government’s mind. What do you have as NGOs?”

The Red Cross had some Islamic NGOs that might have been helpful. But other troubles were already brewing, such as in Sadr City, which was a real hornet’s nest. We discussed the entire public health situation. The meeting leader told me that the water and sewage systems had been destroyed. I then realized that I needed to push to get these systems up and running quickly. But I also knew we would have a tremendous security problem.

The meeting ended and the ICRC official and I went downstairs and said our good-byes. I got into the passenger seat of the armored Humvee and we drove toward the exit, which went on to one of the long thoroughfares, all of which led to one of the many bridges crossing the Tigris. Eight kilometers west of the Tigris is the airport where the Marines were based.

As soon as we turned onto the main thoroughfare, I heard sounds on the roof of the armored Humvee, which reminded me of gravel hitting the underside of a metal fender. We quizzically looked at one another. Next a Marine in the second vehicle stood up and yelled, pointed, and fired his rifle over our vehicle in the direction of the back of the convoy. He was wearing a flak jacket with no sleeves. Shots came from the rear and right. Our convoy immediately sped up, disjointed at first. The armored vehicles were slower than the others so the non-armored Humvees started separating from the caravan. We caught up as the ponderous armored Humvee gained speed. Frustration set in because both turret guns had jammed on our Humvee. Only empty streets lay ahead.

Q: So what you heard hitting the armor were bullets?

A: Yes. We went maybe 500 yards when suddenly we were hit from the front. I yelled, "Turn right! Turn right! This main route is clearly covered by snipers." We could talk to each other but couldn't talk to the Marines at the airport. We needed to stay off the predicted route and go east by another route. We turned right and traveled for quite a while. Baghdad was a big city and all the buildings looked the same.

I pointed out that we were going toward Sadr City [a suburb district to the northeast of Baghdad]. I was the only one who had been in Baghdad before. I had studied the map so I knew we should not go in that direction. We started to receive individual incoming fire from overhangs--but nothing big. I suggested that we begin moving toward the left and west. But we seemed to be getting nowhere.

Our driver struggled to fire his 9mm pistol out the narrow side window to shoot at a man who was firing from a nearby rooftop. Our Humvee stood still as the lead vehicles sped away. The occupants in the other Humvees waved frantically, beckoning us to catch up and follow as they turned right at the next intersection. It grew momentarily silent as we did radio checks and heard orders to tighten up the column.

Suddenly, the second vehicle opened up with automatic fire shooting at unseen targets thought to be on the edge of a bridge overhang. Continuing to head west, we slowed as the column moved cautiously toward a major roundabout. Two buses were parked on the right side, one in back of the other. Small groups of civilians were milling around. I told the driver to go around the roundabout that led to a wider major highway going west. As we circled the roundabout, our convoy slowed abruptly because the two buses were now parked next to each other, partially blocking our path. We again came under fire, this time from AK-47s coming from a sixth floor blown-out window on the right and also what seemed to be .50 caliber rounds coming from the right front of the convoy.

My vehicle was again the primary target. The radio crackled as the last vehicle informed us that a man in combat boots had just been seen on the previous corner with a radio in hand. We heard a sudden "whoosh" between the second and third vehicles. It was probably a rocket-propelled grenade [RPG]. We didn't hear any explosion. Iraqi civilians ran for cover or went flat on the ground, many screaming as our vehicles swerved and sped up to maneuver around the buses. With our two turret guns out of order, the open vehicle with the exposed Marines was the only

source of firepower left to protect us. With visibility being poor in the Humvees, especially to the rear, it was difficult to check the whereabouts of the two Humvees coming up behind to determine if anyone was wounded.

In all this confusion, somebody said he saw a person shooting a machine gun from a bombed-out apartment. As predicted, once around the buses, we entered a wide street with a median divide. We then saw a small red Toyota sedan speeding down the other side of the divided highway, moving threateningly in our direction. It drew the attention of the Marines riding in the second vehicle. One Marine immediately blasted out the tires with his M16. The car swerved, allowing me to see a startled male driver, a woman in the passenger seat with her arms covering her face, and three kids laughing and waving at us from the back seat.

We left that Toyota car episode two blocks later. To our rear we saw what appeared to be half-tracks in the distance. Our convoy stopped in front of two Marine tanks whose occupants had been straining their necks to see what was causing all the commotion. We learned that the bridge across the Tigris wasn't far away. We were all surprised that our attackers had concentrated their fire on the third vehicle. I asked who was hit--even though I didn't have a medical kit with me. Fortunately, no one was killed or wounded and only one window in the fifth vehicle was smashed.

I was clearly their target. My Humvee was the only vehicle that was hit. I later learned that our caravan had been hit three times--and all the Iraqi firepower was aimed at my vehicle. So the enemy knew exactly where I was. I had to believe that the Iraqis' specific target was due to the Iraqi who asked me if I was the Interim Minister of Health.

Q: They were concentrating their fire on your Humvee?

A: Yes. I learned later that Muqtada al-Sadr [Shia cleric] had a fatwa [religious decree] against me. He had wanted to be the Minister of Health--and I was the only obstacle in his way. So I was the target. They needed to kill me and then they would go to Allah.

When we got back to the airport, the handler told me we were going back to Kuwait. I got back on the plane that night.

Q: What happened when you got back to Kuwait?

A: Obviously, it had not gone well. So they decided to hold a meeting that night.

Q: Who held that meeting?

A: The whole team--Gen. Garner and the Office of Reconstruction and Humanitarian Assistance. And I and everybody else had to report to the meeting. The meeting was in a big conference room at the hotel in Kuwait City. The U.S. government had rented a large hotel resort. There weren't any questions about what had happened to me. They thought that everything that had occurred back in Baghdad was a "fluke" and would not happen again. They actually used the word "fluke."

I showed up at this meeting. Gen. Garner came in a little late and said, "I just got off the phone with the boss," meaning [Donald] Rumsfeld. Garner then stated, "The whole team is going into

Baghdad the day after tomorrow. But someone will have to make the arrangements for me to meet certain people.” Then he turned to me and added, “Skip, you know Baghdad. You’ve just come back from there. You’re going to have to go back to Baghdad tomorrow morning and make these arrangements.”

Q: Going back to Baghdad after some Iraqis tried to kill you?

A: Yes. And then Garner made a few more announcements. It was standing room only--a lot of officials and their respective staff members. I didn’t know 90 percent of them. Some were transportation people and others were oil experts. And then Gen. Garner asked, “Any questions?” I put up my hand. I was sitting in the front row. I said, “General, you know we have a security issue in Baghdad. You have no armored vehicles. Nobody even has email to communicate.” And then I mentioned a third point: “And we have no security people. Are you at all concerned?” Dead silence. He came up to me, put his hand on my shoulder, and said, “Skip, the only security problem you’re going to have is that you’ll be surrounded by Iraqi citizens kissing you and giving you gifts.”

Q: He was serious? He was certainly out of touch with the security issue.

A: Everybody laughed. It was an uncomfortable kind of laughing. I looked like a fool. Garner then turned around and walked several feet away from the crowd to face his ORHA contingent. He reminded them that the original plan was to be out of Iraq entirely in three months. “Secretary [of Defense] Rumsfeld told me a few minutes ago that we will be out of Iraq in three weeks.” Everybody clapped.

Q: Three weeks?

A: Three weeks. Everybody got up and left because they had to pack. I knew that this was not a viable plan, certainly not for the Iraqis. Arrangements were quickly made for me to be back on the plane the next day. My first order of business once I got to Baghdad was to go to Yarmouk Hospital and arrange for Garner to also meet with the hospital administrators I had consulted with a few days before.

I made all the arrangements that day. While we were in Baghdad, we slept at the airport in hangars. I slept facing an old jet engine on the cement floor in a sleeping bag. I had a blue blazer, a shirt and tie, and khakis. I never changed my clothes. I was bent on making this whole episode work. I then realized that major powers were working against me.

In my brief absence, I had to cancel my visit to the Ministry of Health. I had been told it hadn’t been destroyed, but some violence had occurred at this site. An Army colonel, Bob Frame, took my place and visited the Ministry of Health the next day when I was back in Kuwait at the ORHA meeting. He went in instead of me with a small contingent of two Humvees to scout around the Ministry of Health building. They found some thugs in the basement who had taken over the building. A confrontation took place. Frame got into his vehicle and was sitting in the back when a man put a pistol in the window and shot him in the shoulder.

When I later went back down to Kuwait, I saw Bob Frame in the Army hospital. Army officials said Frame had provoked the attack which I think was a cover because they did not want any bad news to surface. But the attacker had mistaken him for me. Certain Iraqis wanted to get rid of

me. Again, it may well have been the fatwa. Everybody was trying to get rid of the Minister of Health.

On my return, I had my first meeting in the administrator's office at the hospital. It was packed with new supervisors from the major hospitals in Baghdad. None of these officials had ever been in managerial positions. The former Sunni administrators were all gone. The new personnel were now Shia. One guy was sitting behind the desk with a lot of hospital personnel standing around him. I sat facing him. But when I spoke, I looked around to make it plain that I was talking to all of them. Baghdad had about 200 hospitals and some were private. But representatives from the main ones, the public ones, were at this meeting, and they were hanging onto the administrator's every word.

I began presenting my plans--but just briefly highlighting how we had to work together to ensure the least number of indirect illness, injuries, and deaths. Then the door suddenly opened and someone pushed aside the people blocking his way. He was a cleric. It was [Muqtada al-] Sadr. He moved over against the wall about 10 feet away from me. He angrily stared at me the entire time.

I didn't know anything about the fatwa [religious laws] other than what the ICRC official had told me. The official said that Sadr wanted to be Minister of Health. I had heard of Sadr but until that moment I didn't know what he looked like. His father had been assassinated by Saddam Hussein. He was not one of the people I had studied. We had little information other than the fact that he was not a legitimately trained cleric but claimed to be one. That assertion led to some contentions within the Shia ranks. He was thin and young. Later photos of him over the years had him overweight and still a firebrand. The fatwa, I was told, remained in effect for life. Years later when I was asked to return to Baghdad to do some humanitarian work, I chose not to go for that reason. But here was Sadr standing in the room, and he knew exactly who I was.

Q: Was the security any better for your second trip?

A: In Baghdad, yes. When members of ORHA [Office of Reconstruction and Humanitarian Assistance] came in, they had enough security from the Marines who now realized they were not going home. So supporting us civilians actually might speed up their process of returning home sooner. The situation had changed rapidly in just a few days!

Q: Who was in charge of ORHA?

A: Gen. Garner was in charge of ORHA. I then got aboard an open truck with other people. We rode from the airport to one of the palaces to stay in. Anyone could have taken potshots at us. With increasing security problems, the only precaution added was that everyone had to wear flak jackets and helmets to go to meetings.

My next meeting was to take place the following day in that same Ministry of Health building, the day after the latest assassination attempt. I did what I could but not much came of it. About three weeks later, Garner, myself, and Amb. [Barbara K.] Bodine⁴⁵ were removed. Bodine had

⁴⁵ Barbara Bodine was later ambassador to Yemen and was there when terrorists bombed USS *Cole* (DDG-67) on Oct. 12, 2000. Shortly before the 2003 invasion of Iraq, Bodine was

been Deputy Chief of Mission in Kuwait and had been held hostage just prior to the first Persian Gulf War. And that's how I left Iraq.

Q: Please clarify that again.

A: Garner was removed.

Q: Gen. Jay Garner?

A: Yes. Amb. Bodine was going to be the Interim Interior Minister with great responsibility to bring it all together for Baghdad. We were all removed by Rumsfeld after three weeks because the situation was deteriorating. And that's when he sent in [L. Paul] Bremer⁴⁶ [on May 11, 2003]. When Bremer arrived, he created quite a sensation because he was wearing a blue blazer, khakis, and combat boots. He was dressed exactly like I was, including the combat boots. Someone said, "God, he dresses like you." I replied, "Yeah, he goes to the same Iraqi tailor."

I was still in Baghdad when he arrived, and I knew that this was a terrible mistake. I walked into a DART [Disaster Assistance Response Team] medical meeting, and they had just been told that I was removed as Minister of Health. Rumor had it that Rumsfeld wanted the position for a friend of his [James K. Haveman], a conservative Republican who headed an adoption service and had absolutely no international experience.

Q: What happened at that point?

A: It was interesting. I had been in Baghdad, obviously for a short time as a respected leader, and then I was just a DART worker bee observing Paul Bremer's first several weeks of heading the operation. I had been a big player and then suddenly I had little influence or a major role to play.

With all that was happening, the new guy comes up with a plan to start a "no-smoking" project. An important book to read is *Imperial Life in the Emerald City: Inside Iraq's Green Zone* by Rajiv Chandrasekaran.⁴⁷ It was one of the top 10 books of 2006. The situation became a nightmare. Bremer and his team knew very little about the history or the culture, and they still maintained that the Sunnis and Shia all got along together.

While I was still in Baghdad, we got news of a cholera outbreak in Basra. The director of the DART team, Mike Marks, received word from Garner to send me down to Basra to assess the situation and stop the outbreak. Marks's concern was voiced to me as: "If cholera breaks out

appointed coordinator for central Iraq in charge of Baghdad by the Office of Reconstruction and Humanitarian Assistance [ORHA]. The ORHA became the Coalition Provisional Authority [CPA] on April 21, 2003. She was removed from that position on May 11, 2003, when L. Paul Bremer replaced Gen. Jay Garner as CPA Administrator.

⁴⁶ L. Paul Bremer succeeded Jay Garner, leading the Coalition Provisional Authority from May 2003 until June 2004.

⁴⁷ Chandrasekaran, Rajiv, *Imperial Life in the Emerald City: Inside Iraq's Green Zone*, Alfred A. Knopf, Inc., 2007.

we'll be hit with bad press." I knew what was going on in the health system and still had my connections. I did my homework so at least Garner counted on me. And we certainly remained friends.

This particular strain of the cholera was not a bad kind. Basra would always have a small number of cases every year at this time. Again, the U.S. contingent had panicked without doing their homework. I learned that this strain always occurs at this time of the year in Basra. The source was the Tigris and Euphrates rivers that run through Baghdad. The water goes through the old Soviet-built water system where it takes on sewage, which is then dumped south of Baghdad. The sewage eventually makes its way down to Basra. Nevertheless, the Department of Health in Basra had smart people. I told Garner, "They're handling it fine. It's no big deal. It's a totally benign strain."

But Garner and Bremer's new team, who were then taking over, had no one on the health side with any kind of expertise now that I had been removed. The team was driven more by political motives. They were in panic mode so they ordered me to go to Basra immediately!

Q: You must have been relieved to be done with the whole ordeal.

A: Yes, I was glad I no longer had to deal with political incompetence that was becoming pervasive.

Q: Did they give you a reason why you were being removed?

A: It was because of Rumsfeld, but it was [Paul] Wolfowitz [U.S. Deputy Secretary of Defense under Secretary of Defense Donald Rumsfeld] who replaced me.

Q: So it all came down to politics.

A: Yes. The administration was more concerned with the political ramifications of health issues, not how to prevent them.

Q: Health issues?

A: Yes, health issues. I was so disgusted with this health situation that I didn't want to have anything more to do with these Bush political appointees. I thought the public health infrastructure could be restored in Iraq if the U.S. was willing to put in the required resources. Before I left as Interim Health Minister, I purposely had Baghdad declared a public health emergency, meaning that the U.S. would have to act on it. And that's when I was summarily fired because the Bush Administration didn't want to hear that a health crisis existed. But I had a moral and ethical obligation as a physician to call it as I saw it.

The situation could have been mitigated by accepting that the U.S. was an occupying force because under the Geneva Conventions of 1949, an occupying force has a duty to restore the public health infrastructure and ensure that people have proper public health protections. It is a simple concept we've known for years. These obligations are stipulated in Geneva Conventions Articles 55 and 56.

Q: Bush's people thought they could get away with it.

A: I certainly brought this issue up and the news media were aware of the difference between “liberator” and “occupier.” But my argument went nowhere that declaring the U.S. as “occupiers” was a major violation. That concern was brought up again when everything was falling apart under the new Minister of Health [James K. Haveman]. In a press conference in August or October of 2004, about 18 months later, Rumsfeld said, “Well, I guess we were occupiers.” He said it so matter-of-factly. But it was too late by then. You couldn’t suddenly say, okay, now we’ll apply the Geneva Conventions. It went over the heads of the press and no discussions followed as to the continuing public health ramifications.

Seven violations of the 1949 Geneva Conventions are recognized by the International Criminal Court, two of them health related. Some of our officials, including Bush, Cheney, and Rumsfeld, would be in danger of being prosecuted for violating international law if they left the U.S. Indictments are already in place in a number of countries. You don’t see them traveling for good reason. But you also do not see this defiance if international law being discussed in the press.

The fact is that the U.S. is a signatory to the Geneva Conventions and the U.S. ratified them. We can criticize other countries for their violations, but we didn’t comply with the Conventions ourselves. And again, U.S. noncompliance was never in the news. Few in the U.S. are aware of this fact, but it still remains a lively topic of conversation among European countries today.

Other countries are familiar with the Geneva Conventions, and the Europeans can recite exactly what the U.S. did wrong. The U.S. has felt that it can interpret adherence to the Geneva Conventions to suit itself. Certainly two good examples are the Abu Ghraib situation [Americans torturing and abusing Iraqi soldiers imprisoned in Abu Ghraib prison in 2003], as well as the “occupying” power versus the “liberating” power decision. The fact that Rumsfeld offhandedly retracted his statement stating that U.S. forces were “liberators” says a lot.

I discuss these examples of violations in my courses. Military students in my classes defend the liberation concept because they don’t know any better. The younger generation has little knowledge about what the Geneva Conventions mean operationally. Indeed, the Geneva Conventions applied to cross-border wars. Applying those rules to internal wars is much harder, as we can see in the ongoing Syrian civil war. It’s a struggle making the Geneva Conventions relevant to modern internal, non-cross-border wars. The nature of a country’s obligations is a huge legal international issue.

I’m a student of the Geneva Conventions and international humanitarian law. You have to be able to practice global health. To some degree, war in past centuries was much more “civilized” than it is today, if that can legitimately be said about any war. We had explicit obligations as healthcare providers who were allowed specific protections that others did not enjoy. The Geneva Conventions gave us the status of “detainees,” not as prisoners of war. As detainees, we were allowed to practice our art of medicine. We were supposed to be given supplies to do our jobs and protect our own prisoners. Even though the Geneva Conventions define the rules of war, those rules are now being disregarded more and more.

Q: Do you see the civil war in Syria as a departure from the norm?

A: A tremendous departure. Countries increasingly violate the Geneva Conventions. Did we communicate with Germany during World War II? Yes, we did through the Swiss. And we communicated with the North Vietnamese through the Swiss Embassy in Hanoi. The U.S. always needed that communication. Japan was not a signatory to the 1929 Geneva Conventions so, in their frame of mind, torture and even the chemical and biological experiments on the Chinese and Allied POWs were justified. And that was their major defense against prosecution.

Statistics from German prisoner of war camps in Europe are revealing. The death rate among Allied POWs--Americans, British, and Canadians--was about 17 percent. Among Russian POWs held by the Germans, the death rate was about 61 percent. The Germans pointed out that the Russians were not signatories to the 1929 Geneva Convention, and therefore they were not obligated to treat the Russian POWs according to the Geneva Convention's rules. Not abiding by those international rules made a difference whether or not a prisoner of war survived. I am stating that adherence to the 1929 Geneva Convention and 1949 Geneva Conventions historically made--and still make--a difference.

So much hatred and ignorance exist in this world today. I think the world has more than 100 democracies, countries that think they have partial or complete democracy. No doubt, if you have democracy, a partial democracy, or are going in that direction, you are less likely to go to war.

Every war that I've experienced, on a personal level, has been perpetrated by despots who are narcissistic sociopaths and psychopaths. Whether it's Saddam Hussein in Iraq, [Slobodan] Milosovic⁴⁸ in Serbia, or [Mohamed Farrah] Aidid⁴⁹ in Somalia, they have to pursue war. It's part of their psyche. They want to have conflict around them. They'd never make good rulers in peacetime because they would fail completely as leaders during peace. If they're at peace, they predictably foment and return to conflict.

When the Dayton Agreement was signed in 1995⁵⁰, the warring parties of Bosnia, Croatia, and Serbia came together. Many people were aghast that Milosovic was treated like a diplomat because, in reality, he was an absolute tyrant. Many people just shook their heads in disbelief at the way he was being held in high esteem. And they were correct. He returned home after being

⁴⁸ President of Serbia from 1989 to 1997 and President of the Federal Republic of Yugoslavia from 1997 to 2000.

⁴⁹ A Somali political leader and military commander. With other armed opposition groups, Aidid's forces overthrew President Mohamed Siad Barre during the Somali Civil War in the early 1990s. In 1992, those forces attacked U.N. troops in Mogadishu, eventually forcing the U.N. to withdraw in 1995.

⁵⁰ The Dayton Agreement-Dayton Accords or General Framework Agreement for Peace in Bosnia and Herzegovina was negotiated at Wright-Patterson Air Force Base, Dayton, Ohio, in November 1995. The agreement was formally signed in Paris on Dec. 14, 1995, ending the Bosnian War that lasted 3.5 years.

treated as a diplomat in the U.S. only to then invade Kosovo. This invasion did not have to happen if the U.S. and foreign diplomats had listened to NGO leaders.

Q: Since most U.S. troops were withdrawn from Iraq,⁵¹ the number of deaths is staggering. How many have died since then?

A: Yes. I pointed that out in *The Lancet* article.⁵² If that many people died in any other conflict, we would have been compelled to explain it and seek accountability. Those numbers could have been mitigated had the 1949 Geneva Conventions been part of the war's prosecution, and also had we taken responsibility for what had happened after we left. Much of the blame falls on Donald Rumsfeld and Dick Cheney who said we didn't have to abide by those international rules. They said it was not our concern. But we had--and today still have--moral obligations. Our responsibilities should have been considered and discussed during the prosecution of the Iraq War. I tried to raise those accountabilities, but nobody listened--or maybe they just did not want to.

Q: It would certainly have to be a moral responsibility because the pretext for the invasion was false.

A: That's quite right.

Q: You told someone that you were concerned about the WMD [weapons of mass destruction] situation. He said there were no WMDs. If that's the case, then the whole pretext for the invasion was totally false and the invasion of Iraq was an aggressive act.

A: Yes. The Rumsfeld and Cheney argument at that time [2002] was based on the allegation that Saddam was responsible for 9-11 [four al-Qaeda terrorist attacks on American soil on Sept. 11, 2001]. They said this was therefore a terrorist situation so the Iraq War was inherently different than a regular cross-border war. According to the Bush Administration, the 1949 Geneva Conventions therefore didn't apply. But that reasoning was totally wrong.

First of all, no one in Iraq was ever implicated in 9-11. The Saudis silently walked away. We even sent home family members of Osama Bin Laden, who were living at the time in the United States. People wondered why the planes that took them back were flying when no other planes could fly. Rumsfeld and Cheney quietly got rid of these family members, and they never had to explain it to the American public. It was political expediency.

The invasion was tied to economics. When I went to Iraq as the first diplomat [Interim Health Minister], I was supposed to stop the looting. One of the first meetings I attended in the palace where we were living was an eye-opener. I lived with only a small group of military personnel, including Army and Navy medical staffs who were assisting me. They all knew the reason I was in Iraq, but three other civilians were also present. They were from the oil industry. We

⁵¹ U.S. troops began withdrawing from Iraq in December 2007, with most combat troops gone by December 2011.

⁵² Burkle, F. Jr., Garfield, R. Civilian Mortality after the 2003 invasion of Iraq. *The Lancet*. 2013 Mar 16;381 (9870):877-9.

wondered, “Why were they here?” The looting could have been stopped but a priority wasn’t given to the museums or hospitals. Instead, all the security protection was given to the oil ministry.

It was clear from the beginning that oil was backing this invasion, a fact denied for the longest time. But the Bush Administration said that the prosecution of the war had nothing to do with oil.

The politicians banked on the American population being ignorant about history, having short-term memory, and wanting to believe what the Bush people told them. What I experienced was totally rewritten by the Bush-Cheney Administration. And their versions will become the accepted history.

Q: I’m not sure it will become the accepted history.

A: Most of the people still believe it.

Q: Chandrasekaran’s *Imperial Life in the Emerald City* flies in the face of everything that was said publicly.

A: Yes.

Q: I remember when that book came out in September 2007. It caused quite a stir because Chandrasekaran told it the way it was.

A: He certainly did.

Q: He told what really happened. He wrote about the politics, the people who were chosen for those positions, that is, Republican Party members, junior party members, and people who had no qualified background. They were all put in charge of vast amounts of money.

A: Yes. In Saddam’s government, every office holder had to belong to the Baath Party. People were forced to belong to the Baath Party if they wanted a job. Iraqis needed to know that Baath Party requirement, or else realize that their country would be stripped of many talented people who lived in fear as much as anyone else. The Iraqis are extremely talented--scientists, economists, historians, physicians, etc. It was similar to Nazi Germany when many professionals survived by becoming members of the Nazi Party. In the case of Iraq, however, the U.S. just couldn’t wipe the slate clean and get rid of everyone who belonged to the Baath Party.

Q: But that’s just what Paul Bremer did. He fired everyone who was a Baathist and dissolved the Iraqi Army in its entirety.

A: Yes.

Q: What did he expect those ex-soldiers to do? These soldiers had guns. What were they going to do now that they had no jobs?

A: That’s the point. I was in Baghdad when Bremer showed up [May 12, 2003] to head the Coalition Provisional Authority.

The humanitarian community had learned over the years that during war the most defenseless and exposed populations are the women, children, elderly, disabled, etc. When the fighting stops,

demobilized soldiers come to the top of the list of being the most vulnerable. We learned about that kind of helplessness in the Yugoslav Wars [1991-2001].

The Yugoslav Wars were complicated because a Serb could be living in Bosnia or in Croatia. The population was mixed. Part of the Dayton Agreement [December 1995] stipulated that the Serbs in those two countries, Bosnia and Croatia, would have to move to Serbia, even though they had never lived in Serbia. Bosnia would be inhabited by Bosnian Muslims, the Croats would be Roman Catholics, the Serbs would be Eastern Orthodox. But that agreement was strange because that's not how the former Yugoslavia existed. Under the dictatorship of [Josip Broz] Tito, the multi-ethnic population of Yugoslavia lived and worked together. Tito's dictatorship ensured that.

Tito was the glue that had held Croatia, Bosnia, Serbia, and other regions in the Balkans together. But when he died [May 1980], Yugoslavia fell apart. When [Slobodan] Milosovic came on the scene, a series of ethnically based civil wars broke out with horrible consequences. Being part of the humanitarian community, we knew these civil wars were going to be problematic. These kinds of problems were no different than those crises that arose in the aftermath of World War II or any of the other kinds of problems we had experienced in other war zones. When the ethnic wars were over in 2001, Serbs, Croats, and Bosnians all ended up in refugee camps.

In 1993, by the time we toured these camps, those refugees had been forgotten by the West. What we saw were angry Serbian males who used to live and work in Bosnia or Croatia. Now they were moved to Serbian refugee camps in a country they thought they were fighting for. Some former military, now refugees, said that if they didn't get a job within six months, they were going to start fighting again. Those in charge must realize how important it is to pay attention to demobilized soldiers. In this instance, we were pleased that these former soldiers were at least being paid a salary. In the case of Iraq, we were appalled. Anyone with international experience was stunned when Bremer announced that the demobilized Iraqi soldiers, the majority being Sunni, would no longer be paid. The Iraqis began wondering about Bremer. Why does he have this authority?

I told my colleagues that this was just the beginning. Just watch what those demobilized soldiers are going to do. And within two weeks, a large majority of these soldiers were joining resistance groups they probably didn't know much about at the time. Two weeks later, they joined a growing insurgency.

That was the biggest mistake we made in this Iraq War. We caused the insurgency and we brought it on ourselves. The Bush Administration had people like Paul Bremer and others who didn't listen to the experts--those people who had more knowledge and evidence.

And this intellectual and cultural incompetence still goes on--even with all the natural disasters and climate change evidence at hand. Our congressmen and our decision-makers do not listen to scientists. They have nothing to do with them. They listen only to economists. So we're perpetuating these same senseless decisions whether in peace or conflict.

Conclusion

To make this oral history somewhat more complete, I, like many others in the humanitarian community, worked in many different countries, 40 at the last count. Each mission and experience was quite different. With two colleagues, one from the International Refugee Committee and one from Harvard, we published an article in the *Brown Journal of World Affairs* entitled “The Changing Face of Humanitarian Crises.” We argued that humanitarian crises change every 10 to 15 years, both in the reason for the crises and how the world responds to them.

After the Persian Gulf War, I did special consulting work for the military in Somalia where I counseled the Chief of Mission. I dealt with the Chief of Mission because we no longer had an ambassador to Somalia. I gave advice on ways to negotiate and not negotiate with sociopathic leaders, such as in Iraq in 1991, when we were face-to-face with Saddam Hussein’s persistent and malignant narcissism. Dealing with sociopathic leaders led to an article entitled “Antisocial Personality Disorder & Pathological Narcissism in Prolonged Conflicts and Wars in the 21st Century” that appeared in the journal *Disaster Medicine and Public Health Preparedness*. This article was among the most read commentaries on the subject in 2016. You cannot begin to understand or deal with war and conflict in countries you are deployed to without understanding the country, culture, and the motivations of its leadership.

In 1988, I consulted in Nigeria on a very tenuous issue for the American Embassy. The topic involved how the Nigerian government would manage a gift of a critical care center from another government when the equipment and required tasks were way above the level of the indigenous medical and nursing staff. It was a unique challenge, but it was settled in a “diplomatic” manner with all sides saving face.

Finally, much of my time is now spent on issues related to the Syrian civil war, the Geneva Conventions, and international humanitarian law. A major deficiency today among responding health care providers worldwide is lack of awareness of their roles and responsibilities under international law. The following Declaration to the United Nations, which is also copied in February 1917 issue of *The Lancet*, says it all.

International Health Neutrality Declaration

Given the current humanitarian crisis in Syria where patients, healthcare workers, and hospitals are under attack, we the undersigned, without presumption of authority or judgment, stand in solidarity with our healthcare colleagues and declare their right to international health neutrality. For many decades, we have provided global healthcare professionals with education and training in humanitarian assistance in sudden onset disasters and conflicts worldwide. In this education and training, each and every healthcare provider, both civilian and military, is made aware of the

inherent protections provided to them under international humanitarian law (IHL), including the four Geneva Conventions of 1949, as well as the principles and rules of IHL applicable to the conduct of hostilities, including the targeting of hospitals and medical facilities. These must be upheld.

These international laws are also clearly referenced in the Hague Statement on Respect for Humanitarian Principles (1991), UN Security Council Resolution 2286 on attacks against medical workers (2016) and military manuals of many States. As an example, the Russian Federation's military manual (1990) states that attacks against medical personnel constitute a prohibited method of warfare. The Russian Federation's regulations on the application of IHL (2001) states: "Persons protected by international humanitarian law include medical and religious personnel. Attacks against such persons are prohibited."

As of June 2016, 757 healthcare personnel have been killed and 382 attacks have occurred on 269 medical facilities across Syria 122 hospitals have been struck multiple times. All participants in the combat, as well as the Assad government and the Russian Federation, must recognize that all healthcare providers enjoy protection against direct attack themselves (see rules 25 to 30 of the ICRC's customary IHL study, as well as protections in the Geneva Conventions and, where applicable, their Additional Protocols). IHL requires all Parties to both respect and ensure respect for IHL, including under common Article 1 to the four Geneva Conventions. Failure to do so risks moral, and ethical and legal consequences and penalties of their actions and inactions.

We join our healthcare professionals worldwide in condemning absolutely these deplorable acts in Syria, Yemen, Afghanistan, and in many other countries, and demand their immediate cessation. We further advocate for the following remedies:

1. The establishment of healthcare safe zones in conflict regions to ensure the integrity of hospitals, clinics, and health centers.
2. Allow the safe and unfettered passage of medical supplies, equipment, and personnel.
3. Cessation of all attacks on patients, pre-hospital personnel, and hospital medical staff.
4. Recognition by all parties of the neutrality of healthcare workers and their rights and responsibilities to care for any sick or injured patient, regardless of their nationality, race, religion, or political point of view.

Signed by 46 eminent health professional and institutions under the aegis of Professor Frederick Burkley, Jr., of the Harvard Humanitarian Initiative. The International Association for Humanitarian Medicine Chisholm-Gunn fully endorses this declaration.